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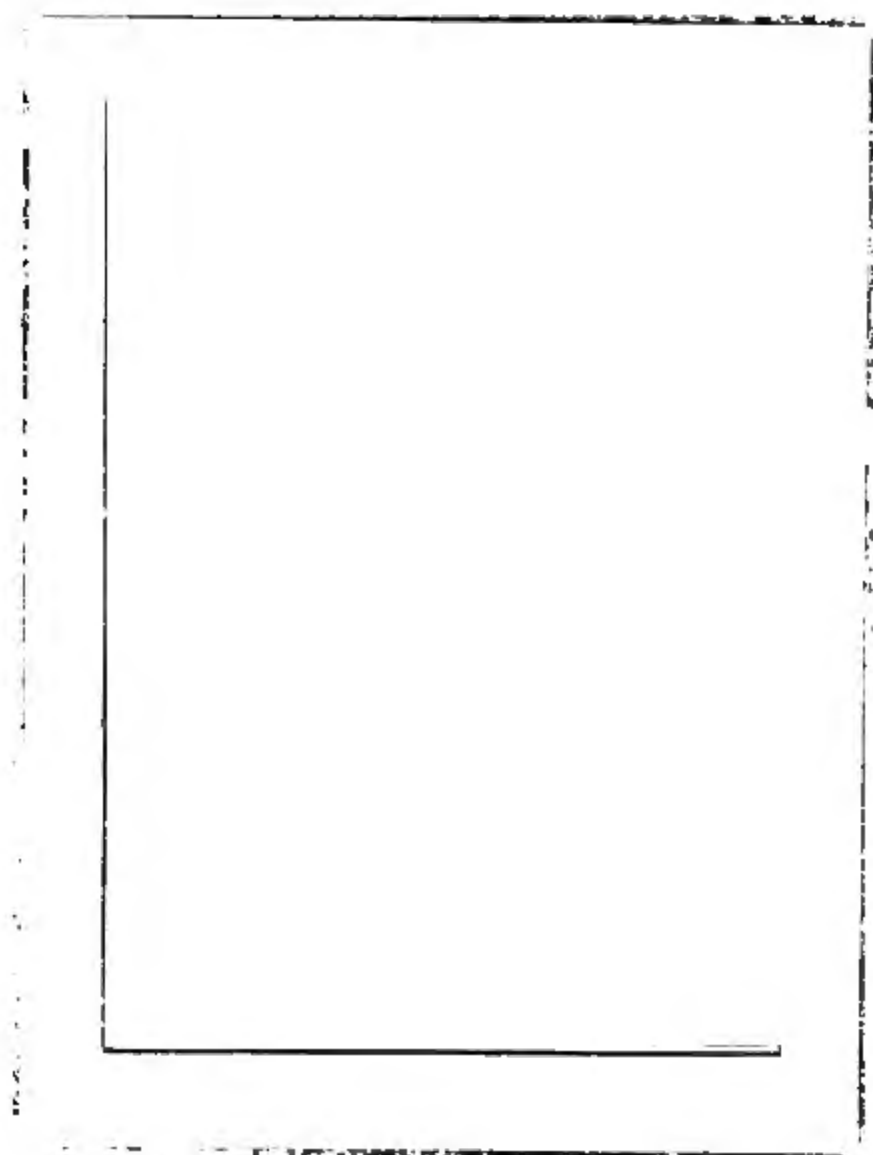
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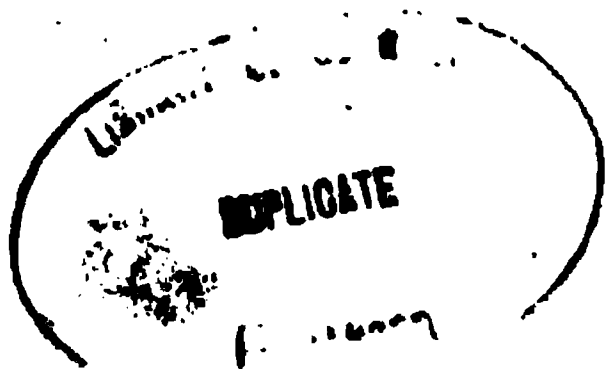
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ANNUAL REPORT

OF THE

Commissioners of the Land Office in Relation to Escheated Lands

TRANSMITTED TO THE LEGISLATURE JANUARY 26, 1906.

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1906

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STATE OF NEW YORK.

No. 24.

IN ASSEMBLY,

JANUARY 26, 1906.

ANNUAL REPORT

OF THE

Commissioners of the Land Office in Relation to Escheated Lands

STATE OF NEW YORK:

OFFICE OF THE SECRETARY OF STATE,

ALBANY, *January 26, 1906.*

To the Honorable, the Legislature of the State of New York:

The Commissioners of the Land Office respectfully submit to the Legislature a report of their proceedings for the year 1905, relative to petitions presented to them under article IV of chapter 317, Laws of 1894.

At a meeting of the Commissioners of the Land Office, held at the office of the Secretary of State, on Thursday, the second day of March, 1905, at 9:30 o'clock, a. m.

PRESENT—M. LINN BRUCE, *Lieutenant-Governor*.

OTTO KELSEY, *Comptroller*.

JOHN G. WALLENMEIER, JR., *Treasurer*.

JULIU M. MAYER, *Attorney-General*.

HENRY A. VAN ALSTYNE, *State Engineer and Surveyor*.

The Lieutenant-Governor in the chair.

Raoul Dupuy, Marie Dupuy Bezian, Josephe Paris, Eleanore LaMarque, Julienne Despeyroux, Marie Pauline Basso and Alexandre Basso applied for a release of the State's interest in and to certain escheated lands in the City of New York, known as No. 412 West 35th street, in the Borough of Manhattan.

The Attorney-General reported thereon as follows:

STATE OF NEW YORK:

ATTORNEY-GENERAL'S OFFICE,

ALBANY, *February 20, 1905.*

BEFORE THE COMMISSIONERS OF THE LAND OFFICE:

<p>In the Matter of the Application of Raoul Dupuy and others, for a Release to them of Certain Escheated Lands.</p>	}
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To the Commissioners of the Land Office:

GENTLEMEN.—The above-entitled matter having been referred to me for my examination and report thereon, I beg to submit the following:

That Raoul Dupuy, Mary Dupuy Bezian, Josephe Paris, Eleonore LaMarque, Julienne Despeyroux, Marie Pauline Basso and Alexandre Basso, on February 2, 1904, submitted to your honorable Board their application for the release to them of the State's interest in and to certain escheated lands in the City of New York, known as No. 412 West 35th street, in the Borough of Manhattan.

That said application was presented in pursuance of the provisions of article IV of the Public Lands Law; that said application, except as hereinafter stated, is made in accordance with the provisions of the statute and the rules and regulations of the Commissioners of the Land Office relating thereto.

That an examination of the verified petition and supplemental petition, the affidavits of three disinterested persons, including that of a real estate dealer familiar with the said property and the value thereof, and the affidavits in proof of proper posting and publication of advertisement or notice of application once a week for three successive weeks beginning January 5, 1904, in the New York Daily News, for the grant applied for, as required by the rules of your honorable Board, show the following facts:

1. That on November 30, 1859, Bartholomew Dupuy and Elizabeth Dupuy, his wife, were the owners in fee of an undivided one-half, as tenants in common, of said premises, and that they acquired title thereto by purchase.

2. That the said Bartholomew Dupuy and Elizabeth Dupuy were both resident aliens of French birth, and remained such until the time of their death.

That the said Bartholomew Dupuy died on June 24, 1869, at the City of New York, seized of an undivided one-half of said premises, leaving him surviving his said wife and also a brother,

Simon Dupuy, a resident alien, and a brother, Jean Dupuy, and a sister, Marie Despeyroux, aliens of French birth and residing in France, who were his only heirs and next of kin.

The said Bartholomew Dupuy left a will whereby he devised all of his property to his wife for life, and died intestate as to the remainder thereof.

Simon Dupuy died in New York, unmarried, and without issue and intestate, in or about the year 1873.

Jean Dupuy died intestate in the year 1876, in France, leaving two children, the petitioners, Raoul Dupuy, now a general in the French army, and Mary Dupuy Bezian, also an alien residing in France, his only heirs-at-law.

Marie Despeyroux also died intestate, in France, on December 26, 1875, leaving her surviving the petitioners, Josephe Paris, Eleanore LaMarque and Julienne Despeyroux, who are also aliens residing in France, and Louise Basso, now deceased, who was then an alien residing in France; the said Louise Basso died intestate, in France, July 25, 1901, leaving her husband, Alexandre Basso, and her daughter, Marie Pauline Basso, her only child, both of whom are aliens residing in France.

Elizabeth Dupuy, the wife of Bartholomew Dupuy, died in the City of New York, in April, 1890, seized in fee of the other undivided one-half of said premises, leaving her last will and testament, whereby she devised the same to her deceased husband's nephew and niece, the petitioners, Raoul Dupuy and Marie Dupuy Bezian, which said will was afterwards admitted to probate. The petitioners, Raoul Dupuy and Marie Dupuy Bezian, now claim to have been in undisputed possession of said premises through their tenants ever since the death of said Elizabeth Dupuy, in April, 1890, subject to the claim of constructive pos-

session thereof in the remaining petitioners and have collected the rents of said premises.

3. That the value of the whole of said premises is the sum of fifteen thousand dollars, or seven thousand five hundred dollars for each undivided one-half.

4. The property sought to be released is all the "right, title and interest that the said State may have acquired in said real property derived by escheat to the said State through the alienage of Bartholomew Dupuy, Elizabeth Dupuy, Simon Dupuy, Jean Dupuy, Marie Despeyroux and Louise Basso."

5. That said property embraces all the property of the petitioners which escheated to the State by reason of failure of heirs or alienage.

6. That no person, except the petitioners, claim an interest in the said property.

7. That a short time since, the petitioners entered into an agreement to sell the whole of said premises for the sum of fifteen thousand dollars, and upon the purchasers applying to the Lawyers' Title Insurance Company of New York City for a policy of insurance of the title thereof, the said company refused to insure said title, unless the State would release any interest that it might have in the undivided one-half of said property of which the Bartholomew Dupuy died seized and also in the other undivided half whereof Elizabeth Dupuy died seized.

8. That the petitioners are the only persons who would have succeeded to the absolute title of, or any interest in, said property, but for their alienage or the alienage of their ancestors.

9. That the names of the persons owning an interest in such real property immediately prior to the escheat, if any, are Bartholomew Dupuy, Elizabeth Dupuy, Simon Dupuy, Jean Du-

puy, Marie Despeyroux and Louise Basso, the three latter of whom were all residents of France.

10. That all of the said petitioners reside in France, their particular addresses being set forth at length in the petition.

11. A full description of said premises is contained in paragraph 16 of the supplemental petition.

It is, therefore, my opinion that at the death of Bartholomew Dupuy one-third of his undivided one-half interest in said premises, subject to said life-estate in his wife Elizabeth, vested in his sister, Marie Despeyroux, in fee, pursuant to the provisions of section 4 of chapter 115 of the Laws of 1845, as amended by chapter 261 of the Laws of 1874, and chapter 38 of the Laws of 1875, it being provided thereby that if any resident alien or any naturalized or native citizen who had purchased real estate within this State, had died or should thereafter die leaving persons, who, according to the statutes of this State, would answer the description of heirs of such deceased person, such person so answering the description of heirs of such deceased person or of devisees under his last will and testament and being of his blood, such persons so answering the description of heirs or of such devisees of such deceased person, whether they were citizens or aliens, were declared and made capable of taking and holding as heirs or devisees of such deceased person, as if they were citizens of the United States, the lands owned by such deceased alien or citizen at the time of his decease; but if any of the persons so answering the description of heirs or of such devisees as aforesaid of such decedent were males of full age, they should not hold the real estate made descendable or devisable to them as against the State unless they were citizens of the United States, or in case they were aliens, unless they made and filed in the office of

the Secretary of State a deposition or affirmation declaring their intention of becoming citizens. It does not appear that either Simon Dupuy or Jean Dupuy ever filed depositions in the Secretary of State's office, as required by said statutes, and therefore the other two-thirds of the said Bartholomew's undivided one-half of said premises probably escheated to the State.

That on the death of Simon Dupuy, a resident alien, his share (if he had any, by reason of having filed a deposition as above provided) of the undivided one-half which he inherited from Bartholomew Dupuy, escheated to the State, the provisions of said chapter 115, Laws of 1845, as amended, having no application to estates acquired by nonresident aliens other than by purchase.

That on the deaths of Jean Dupuy and Marie Despeyroux, each of them being nonresident aliens, their shares (assuming that said Jean Dupuy had a share by reason of his having also complied with said statute) in the undivided one-half, whereof Bartholomew Dupuy died seized, including all the rights of Jean as surviving brother of Simon Dupuy and of Marie Despeyroux, as surviving sister of Simon and Jean Dupuy, escheated to the State through failure of heirs entitled to take under the laws of this State. (See *Warren v. Davignon*, 5 Abb. Pr. N. S. 370; *People v. Irvin*, 21 Wendell, 130.)

At the death of Elizabeth Dupuy, a resident alien, seized through purchase, of the other undivided one-half of said premises, the foregoing section 4 of chapter 115 of the Laws of 1845, as amended by Laws of 1874 and 1875, was in force, as was also section 5 of said chapter 115, Laws of 1845, unamended; which reads as follows:

Section 5. Any resident alien of this State who has purchased and taken a conveyance, or who shall purchase and take a con-

veyance of real estate within this State, and has died or shall die after having devised or conveyed the same, the devisee or grantee of such real estate may take and hold, and is hereby declared capable of holding the real estate so granted or devised, whether such grantee or devisee be a citizen or alien, according to the nature and effect of such grant or devise; but no devisee or grantee of full age who is an alien, shall hold such real estate as against the State, unless he make and file in the office of the Secretary of State the deposition or affirmation mentioned in the first section of this act.

It will be noted that Raoul Dupuy and Marie Dupuy Bezian, devisees under the will of Elizabeth Dupuy, were relatives of her husband, and were not of her blood, and therefore incapable of taking under the provisions of section 4, and it does not appear that she left heirs-at-law entitled to take by the laws of this State.

It is conceded that General Raoul Dupuy never filed any deposition in the Secretary of State's office; but it is claimed by the learned counsel for the petitioners, Raoul Dupuy and Marie Dupuy Bezian, that under the provisions of section 5 of the Laws of 1845, above quoted, the devise in the will of Elizabeth Dupuy was valid in so far as the share of Marie Dupuy Bezian is concerned, because there is no language in section 5 limiting devises to aliens of the blood of the testatrix, and because under section 4 aforesaid females are not required to file the deposition required by section 5. Concerning her share there may be room for discussion. I am inclined to the view that the share claimed by her has likewise escheated, but the determination of that question involves an interesting study of the relevant statute, which is unnecessary at this time.

On February 23, 1853, a consular convention was concluded between the United States and France, of which the seventh article is as follows :

“In all the States of the Union, *whose existing laws permit it*, so long and to the same extent as the said laws shall remain in force, Frenchmen shall enjoy the right of possessing personal and real property by the same title and in the same manner as the citizens of the United States. They shall be free to dispose of it as they may please, either gratuitously or for value received, by donation, testament, or otherwise, just as those citizens themselves; and in no case shall they be subjected to taxes on transfer, inheritance, or any others different from those paid by the latter, or to taxes which shall not be equally imposed.

“As to the States of the Union, by whose existing laws aliens are not permitted to hold real estate, the president engages to recommend to them the passage of such laws as may be necessary for the purpose of conferring this right.

“In like manner, but with the reservation of the ulterior right of establishing reciprocity in regard to possession and inheritance, the government of France accord to the citizens of the United States the same rights within its territory in respect to real and personal property, and to inheritance, as are enjoyed there by its own citizens.”

In cases falling within this treaty, Frenchmen shall enjoy the right of possessing personal and real property by the same title and in the same manner as the citizens of the United States.

In the case of *Geofroy v. Riggs*, 133 U. S. 258, the court construed the foregoing treaty to mean, that whenever in any State there were laws that permitted any holding of lands by aliens, then in those states the rights of Frenchmen to take and hold

real estate were co-extensive with those of citizens of the State. Therefore, you will see that the only question in this case is as to whether or not the laws of this State permit Frenchmen to hold and convey real estate herein.

But the laws of this State permitting aliens to take real estate by inheritance and devise did not extend any further than above shown, at the time the said lands escheated to the State.

It is true that by chapter 593, Laws of 1897, which provides that:

"Any citizen of a State or nation which, by its laws, confers similar privileges on citizens of the United States, may take, acquire, hold and convey lands or real estate within this State, in the same manner and with like effect as if such person were, at the time, a citizen of the United States; provided, however, that nothing in this act contained shall affect the rights of this State in any case in which proceedings for escheat have been or may be instituted before the passage of this act," the laws enabling aliens to acquire real estate have been broadened, but all the persons whose estates have escheated in this matter died prior to the passage of this act, and this act having been held not to have a retroactive effect, it may not, therefore, be invoked in determining the status of the petitioners in the capacity of themselves or their ancestors to take real property by descent or devise. (See *Stewart v. Russell*, 91 App. Div. 310.)

It is provided by section 62 of the Public Lands Law as follows:

"If the value at the date of the petition, as determined by the commissioners, of all the property of any such owner escheated to the State and not conveyed or released by the State, shall not exceed \$100,000, and of the property sought to be released shall

not exceed \$10,000, the commissioners may in their discretion, if they decree it just to all persons interested, execute, in the name of the State, a conveyance on such terms and conditions as the commissioners deem just, releasing to such petitioners the interest of the State so acquired in such real property so sought to be released."

If it were to be determined that the undivided one-fourth share of the premises in question, claimed by Mary Dupuy Bezian under the will of Elizabeth Dupuy, deceased, did not escheat to the State, the other three-fourths having in my opinion surely escheated, nevertheless your honorable Board has not the power to release the property in question. Your jurisdiction is confined to the release of land not exceeding the value of \$10,000, and the shares claimed under Bartholomew Dupuy and the share of Raoul Dupuy aggregate \$11,250.

Respectfully submitted,

JULIUS M. MAYER,

Attorney-General.

On motion the above report was adopted and the application denied.

At a meeting of the Commissioners of the Land Office, held at the office of the Secretary of State, on Thursday, the 26th day of October, 1905, at 11:15 o'clock a. m.

PRESENT—M. LINN BRUCE, *Lieutenant-Governor.*

JOHN F. O'BRIEN, *Secretary of State.*

OTTO KELSEY, *Comptroller.*

JOHN G. WALLENMEIER, JR., *Treasurer.*

HENRY A. VAN ALSTYNE, *State Engineer and Surveyor.*

The Lieutenant-Governor in the chair.

Martha A. Waterman applied for release of the State's interest in and to a certain lot of land on Fifth street, in the City of Brooklyn, Kings county, escheated to the State by reason of failure of heirs of her husband, John S. Waterman, deceased.

The Attorney-General reported thereon as follows:

STATE OF NEW YORK:

ATTORNEY-GENERAL'S OFFICE,

ALBANY, October 24, 1905.

BEFORE THE COMMISSIONERS OF THE LAND OFFICE:

In the Matter of the Application of Martha A. Waterman, for a Release of Lands Escheated to the State by Reason of Failure of Heirs of her Husband, John S. Waterman, deceased.

Before the Commissioners of the Land Office:

GENTLEMEN.—The above-entitled matter, having been referred to me for my examination and report, I beg to submit the following:

That on July 31, 1905, the above-named applicant filed a petition with your honorable Board, pursuant to the provisions of the Public Lands Law, and that she therein petitioned for the release to her of the State's interest in and to a certain lot of land on the northeasterly side of Fifth street, in the City of Brooklyn, Kings county, being a lot twenty feet front and rear, by 100 feet deep, as described in the petition.

This application is made in accordance with all the requirements of the statutes, and also in accordance with the rules of

the Commissioners of the Land Office governing such applications.

An examination of the verified petition and of the affidavits of disinterested persons, with affidavits of publication and of posting of notices of the application, shows the following facts:

1. That the petitioner resides at No. 203 Tompkins avenue, in the City of Brooklyn, Kings county, and is the widow of John S. Waterman, deceased, who died on March 5, 1904, and the petitioner was duly appointed his administratrix by the Surrogate of Queens county on March 25, 1904.

2. That the said decedent, John S. Waterman, was the owner in fee at the time of his death of the said premises, and that the value thereof at the present time does not exceed \$7,500, and that said premises are subject to the dower right of the petitioner.

3. That the said John S. Waterman left him surviving no heirs-at-law whatever, and there is no other person than the petitioner having or claiming an interest in the said premises.

4. That the real estate described in the petition embraces all the property of which the said John S. Waterman died seized.

5. That your petitioner is sixty-four years of age, and calculating the value of her dower right in said premises on a valuation of \$7,500 for the property, under the life tables of the rules of the Supreme Court, such dower right now has a value of \$937.50, and that the decedent left personal property to the extent of only \$2,700, of which \$1,000 has been used for the payment of debts and funeral and other expenses.

6. That the petitioner caused a bill to release to her the right of the people in said real property to be introduced in the Legislature of the State at its last session, and that said bill was passed by a three-fifths vote of both the Senate and Assembly,

said petition alleges that said bill did not receive the signature of the Governor, because the Governor was desirous of discouraging applications for such relief through the legislative branch of the government, believing that your honorable Board has full power to consider and act in applications of this character.

7. That notice of application was made in proper form and duly published for the required period in the Standard Union, a newspaper published in Kings county, and that a copy of said advertisement was fully posted upon the door of the Kings county court house.

8. The petitioner also presented the original deed to the said John S. Waterman for said premises which was made by Louis Bonert and wife and bears date July 1, 1899, expressing a consideration of \$8,900, subject to a mortgage for \$5,000 and interest from June 1, 1899, then a lien upon the said premises; said deed being recorded in Kings County Register's Office, July 2, 1889, in liber 1889 of conveyances, page 299. Searches made by the Lawyers' Title Insurance and Trust Company of New York show that the title to said premises still stands in the name of John S. Waterman free from any liens or incumbrances made by him since July 1, 1889.

Section 62 of the Public Lands Law provides that a conveyance made to the petitioner, who is a widow of any owner of any interest in real estate immediately prior to the escheat shall be without consideration.

I therefore advise that your honorable Board has full legal power to grant the prayer of the petitioner herein.

Respectfully submitted,

JULIUS M. MAYER,

Attorney-General.

On motion, the above report was adopted and it was ordered that quit-claim letters-patent issue to Martha A. Waterman for the lands applied for, upon payment of patent fee.

In accordance with above action letters-patent issued as follows:

THE PEOPLE OF THE STATE OF NEW YORK, by the Grace of God, Free and Independent: To all to whom these Presents shall come, *Greeting*: Know ye, that we have granted, released and quit-claimed, and by these presents do grant, release and quit claim unto Martha A. Waterman, widow of John S. Waterman, deceased, residing in the City of Brooklyn, Kings County, New York, the premises hereinafter described, the said Martha A. Waterman having duly made and presented a petition to the Commissioners of the Land Office within the time and in the form and manner required by article IV of chapter 317, Laws of 1894, to which reference is hereby made, and the said Commissioners having in accordance with said act duly considered the allegations contained in said petition and having found the facts therein set forth to be established by competent and satisfactory proof, we have granted, released and quit-claimed and by these presents do grant, release and quit-claim unto the said Martha A. Waterman, her heirs and assigns, all the right, title and interest of the People of the State of New York in and to the premises described as follows, to wit: All that certain lot, piece or parcel of land situate, lying and being in the City of Brooklyn, County of Kings, and State of New York, bounded and described as follows, to wit: Beginning at a point in the northeasterly side of Fifth street distant one hundred and ninety-five feet nine inches northwesterly from the corner formed by the intersection of the northwesterly side of Sixth avenue with the

northeasterly side of Fifth street, and running thence northeasterly parallel with Sixth avenue, and part of the distance through a party wall, one hundred feet; thence northwesterly parallel with Fifth street, twenty feet; thence southwesterly parallel with Sixth avenue and part of the distance through a party wall, one hundred feet, to the northeasterly side of Fifth street, and thence southeasterly along the said northeasterly side of Fifth street, twenty feet, to the point or place of beginning.

These letters patent are issued pursuant to a resolution of the Commissioners of the Land Office adopted October 26, 1905.

Together with all and singular the rights, hereditaments and appurtenances to the same belonging or in any wise appertaining, excepting and reserving to ourselves, all gold and silver mines; to have and to hold the above described and quit-claimed premises unto the said Martha A. Waterman, her heirs and assigns forever; and these presents shall in no wise operate as a warranty of title.

In testimony whereof, we have caused these Letters to be made Patent, and the Great Seal of our said State to be hereunto affixed: Witness Frank W. Higgins, Governor of our said State, at our City of Albany, the first day of November in the year of our Lord, one thousand nine hundred five.

FRANK W. HIGGINS.

Passed the Secretary's Office, the 1st day of November, 1905.

JOHN F. O'BRIEN,

Secretary of State.

Examined and compared with the original.

FRANK D. COLE,

Deputy Secretary of State.

Mary Banks applied for a release of the State's interest in and to a certain lot of land on Main street, in the village of Highland Falls, Orange County, escheated to the State on the death of Charles Banks.

The Attorney-General reported thereon as follows:

STATE OF NEW YORK:

ATTORNEY-GENERAL'S OFFICE,

ALBANY, *October 20, 1905.*

BEFORE THE COMMISSIONERS OF THE LAND OFFICE:

In the Matter of the Application of MARY BANKS for a Release of lands escheated to the State by reason of failure of heirs of her husband, Charles Banks, deceased.

To the Commissioners of the Land Office:

GENTLEMEN.—The above entitled matter, having been referred to me for my examination and report, I beg to submit the following:

That Mary Banks on August 15, 1905, filed a petition with your Honorable Board, pursuant to the provisions of the Public Lands Law, and that she therein petitioned for the release to her of the State's interest in and to a certain lot of land on the east side of Main street, in the Village of Highland Falls, Orange County, N. Y., adjoining Buttermilk Falls Creek, being a lot 27 feet front and rear and 100 feet deep.

This application is made in accordance with all the requirements of the statutes and also in accordance with the rules of the Commissioners of the Land Office governing such applications.

An examination of the verified petition and of the affidavits of the disinterested persons, and also the affidavits of publication and posting of notices of the application shows the following facts:

1. That the petitioner resides in the Town of Highlands, Orange County, N. Y.; and is the widow of Charles Banks, deceased, who died intestate on May 16, 1901.

2. That the said decedent, Charles Banks, was the owner in fee at the time of his death of the said premises, and that the value thereof at the present time is about \$1,700, and that said premises are subject to the dower right of the petitioner.

3. That the said Charles Banks left him surviving no heirs at law whatever and there is no other person than the petitioner, who would have succeeded to any interest in such real estate.

4. That the real estate described in the petition embraces all the property of which the said Charles Banks died seized.

5. That the said premises were purchased by the said Charles Banks with money furnished by the petitioner upon the understanding and agreement between herself and the said decedent that the same should be purchased for the joint benefit of the said Charles Banks and the petitioner, and that the survivor of them should take the said property in fee; that the purchase money of said property was largely paid for from the savings of many years of the petitioner, who was employed as a housekeeper for various officers at the United States Military Academy at West Point when her husband was a private in the Cavalry Department of said academy, until he became incapacitated from service by reason of paralysis.

6. That notice of application was made in proper form and was duly published in a newspaper published in Highland Falls

in Orange County, for the required period, and a copy thereof was duly posted on the doors of the Orange County Court Houses at Newburgh and Goshen.

7. Searches made by the County Clerk and the County Treasurer of Orange County show that the said premises were purchased by Charles Banks, the decedent, on July 28, 1900, and that the title still stands in his name free from any liens or incumbrances made by him, and that there are no unpaid taxes due thereon.

Section 62 of the Public Lands Law provides that a conveyance made to a petitioner, who is a widow of any owner of any interest immediately prior to the escheat, shall be without consideration.

I therefore advise that your honorable Board has full legal power to grant the prayer of the petitioner herein.

Respectfully submitted,

JULIUS M. MAYER,

Attorney-General.

On motion, the above report was adopted and it was ordered that quit-claim letters-patent issue to Mary Banks for the land applied for, upon payment of patent fee.

In accordance with above action, letters-patent issued as follows:

THE PEOPLE OF THE STATE OF NEW YORK, by the Grace of God, Free and Independent: To all to whom these Presents shall come, *Greeting*: Know ye, that we have granted, released and quit-claimed, and by these presents do grant, release and quit-claim unto Mary Banks, widow of Charles Banks, deceased, residing in the Town of Highlands, Orange county, New York, the premises hereinafter described, the said Mary Banks having duly made

and presented a petition to the Commissioners of the Land Office within the time and in the form and manner required by article 4 of chapter 317, Laws of 1894, to which reference is hereby made, and the said commissioners having in accordance with said act duly considered the allegations contained in said petition, and having found the facts therein set forth to be established by competent and satisfactory proof, we have granted, released and quit-claimed and by these presents do grant, release and quit-claim unto the said Mary Banks, her heirs and assigns, all the right, title and interest of the people of the State of New York in and to the premises described as follows, to wit: All that tract or parcel of land situate in the Village of Highland Falls, in the County of Orange and State of New York, and bounded and described as follows, to wit: Beginning on the east side of the public highway leading from West Point to Fort Montgomery, known as Main street, on the south side of what is called Buttermilk Falls Creek; thence easterly along the south bank of said creek 100 feet; thence southerly parallel with the east side of Main street 27 feet; thence westerly in a straight line 100 feet to said Main street, and thence northerly along Main street 27 feet to the place of beginning. Being a lot 27 feet front and rear and 100 feet deep. and adjoins the residence of William Avery.

These letters-patent are issued pursuant to a resolution of the Commissioners of the Land Office adopted October 26, 1905.

Together with all and singular the rights, hereditaments and appurtenances to the same belonging or in any wise appertaining, excepting and reserving to ourselves all gold and silver mines; to have and to hold the above-described and quit-claimed premises unto the said Mary Banks, her heirs and assigns for

ever, and these presents shall in no wise operate as a warranty of title.

In testimony whereof, we have caused these our letters to be made patent, and the great seal of our said State to be hereunto affixed: Witness Frank W. Higgins,
[L. s. Governor of our said State, at our City of Albany, the 31st day of October in the year of our Lord, one thousand nine hundred five.

FRANK W. HIGGINS.

Passed the Secretary's office, the 31st day of October, 1905.

FRANK D. COLE,

Deputy Secretary of State.

Examined and compared with the original.

FRANK D. COLE,

Deputy Secretary of State.

All of which is respectfully submitted.

M. LINN BRUCE,

Licutenant-Governor.

JOHN F. O'BRIEN,

Secretary of State.

JNO. G. WALLENMEIER, JR.,

Treasurer.

JULIUS M. MAYER,

Attorney-General.

REPORT

OF THE

STATE PRISON IMPROVEMENT

COMMISSION

TO THE

LEGISLATURE OF 1906.

ALBANY
BRANDOW PRINTING COMPANY
STATE LEGISLATIVE PRINTER
1906

STATE OF NEW YORK.

No. 25.

IN ASSEMBLY,

JANUARY 29, 1906.

REPORT OF THE STATE PRISON IMPROVE- MENT COMMISSION.

To the Honorable the Legislature of the State of New York:

In pursuance of Chapter 718 of the Laws of 1905, entitled, "An Act creating a Commission to inquire as to the most practical method of providing modern prison buildings," the Governor, on the fifteenth day of August, 1905, appointed as such Commission Cornelius V. Collins of Troy, John G. Wickser of Buffalo, Edwin O. Holter of New York, Samuel J. Barrows of New York, and William E. Wheeler of Portville. The Commission temporarily organized on September fifth, and permanently organized on October sixteenth, by the election of Cornelius V. Collins, President, and George McLaughlin, Secretary.

The provisions of said Act authorizing the appointment of said Commission and defining its duties are as follows:

CHAPTER 718, LAWS OF 1905.

Section 1. The Governor is hereby authorized to appoint five commissioners to inquire as to the most practical methods of providing modern prison buildings. It shall be the duty of said Commission to inquire: First, as to the structural and sanitary condition of the buildings at Auburn and Sing Sing Prisons. Second, as to the advisability and cost of reconstructing and modernizing such buildings. Third, as to the advisability and cost of providing two new prison plants, on new sites, the most advantageous locations of such sites, and the required capacity of such plant. Fourth, as to the advisability and cost of providing one new prison for twenty-four hundred prisoners on a new site, and the most advantageous location of such site. Fifth, the estimated sums that can be realized from the sale of Auburn and Sing Sing Prisons, and the lands and appurtenances connected therewith. Sixth, the most practical disposition that may be made of the Eastern New York Reformatory.

Section 2. The Commission shall choose one of its members to be president thereof, and shall report to the Legislature on or before February first, 1906.

In pursuance of the duties imposed by this act, the Commission visited and carefully inspected the prisons at Auburn and Sing Sing. They also visited a number of the new and most modern prisons in the United States. One of the Commissioners had formerly visited a number of the best prisons in Europe, and after his appointment as such Commissioner visited others. The Commission also caused the present prisons at Sing Sing and

Auburn to be fully and carefully examined by a competent sanitary expert, who made a detailed report of their structural and sanitary conditions in writing. They also consulted architects of experience in prison construction, and made careful and diligent investigation and inquiry upon all the matters which, according to the provisions of said Act, it was their duty to inquire, and beg leave to submit their report, as follows:

STRUCTURAL AND SANITARY CONDITIONS OF THE BUILDINGS AT
AUBURN AND SING SING PRISONS.

The law authorizing the appointment of this Commission made it the first duty of the Commission to inquire and report as to the structural and sanitary conditions of the buildings at Auburn and Sing Sing Prisons.

Upon this subject the Commission refers to the careful and exhaustive report of the sanitary engineer hereto annexed. According to this report and our own observation, there are many incurable defects in the structural and sanitary condition of both these prisons. The dimensions of the cells at Sing Sing are: depth, 7 feet; width, 3 feet and 3 inches; height, 6 feet and 7 inches, giving for each cell a cubic space of 168.67 feet, much too small to house an adult person during the fourteen hours which each prisoner is usually required to remain in his cell daily, and on Sundays and holidays additional hours. At Sing Sing the Warden is frequently compelled to house two prisoners in one of these cells for a time.

The cells at Auburn are not much larger. In the south wing the cubic space in each cell is 193.2 feet; in the "L" of the north wing the cubic space is 186.54; and in the north wing proper each cell has a cubic space of 242.17 feet. In the extension each cell has a cubic space of 203.05 feet.

The sanitary engineer engaged by this Commission reported that even when all the large windows and many of the smaller ones at Sing Sing were open, the air of the cells possesses the peculiar odor of exhaustion and foulness. In cold weather this condition is, of course, greatly aggravated. The sources of air vitiation in these small cells are the prisoner's persons, the bedding, the clothing worn during the day, and the contents of night buckets. When these buildings were constructed, small openings were made in the cells connected with flues or ducts constructed in the longitudinal walls dividing them. Many of these openings have been closed during the intervening years, and a careful examination of those not closed shows that they are practically worthless for purposes of ventilation. Even under the most favorable circumstances, the passage of air through them was scarcely noticeable. To render these cells suitable for the housing of a human being, the air should be changed, according to the report of the sanitary expert, at least five times an hour. The structural design of this building will not admit of any arrangement that will furnish such ventilation. The night-bucket system is employed in both prisons, and as the cell-blocks of these prisons rest directly upon the ground, without any air space underneath them, it is practically impossible to install closets without reconstructing the entire cell-blocks. These night-buckets add a malodorousness to an overburdened germ-laden atmosphere. They cause the storing of excreta for ten to fourteen hours in an enclosure where a human being must remain in practically contact with it during that time. In both prisons this condition is duplicated in each of the twelve hundred cells. The sanitary expert does not hesitate to say that, verily, this is far worse than living in a sewer. The plumbing fixtures of Sing

Sing Prison are foul and corroded; there is no evidence that the drains are sealed against sewer gases, and they afford no resistance to any back pressure by the water locking of the sewer outlet when it is covered by high tides. The floor openings at such times are conduits for additional vitiation to an atmosphere already polluted. The sanitary engineer reports in relation to Sing Sing cell-house, that its proximity to the river, its slight elevation above high water mark, its construction without an air space beneath, the character and mass of the material used in its erection, together with its defective ventilation, convert it into a vast refrigerator which condenses the warm and humid air, causing the moisture to be deposited on the walls, rendering the cells damp and vault-like. In the lower cells this condition is aggravated by contact with the main floor.

Samples of air taken at an early hour in the morning at both prisons indicated that it contains an abnormal amount of carbon dioxide.

In Sing Sing there are six tiers of cells. This causes a wide difference between the temperature in the lower and upper galleries. When the lower galleries are cold, the upper ones are abnormally warm. There is no remedy for this condition except the construction of a cell-block having a lesser number of tiers. The Commission believes that the number of tiers should not exceed four.

The following is a brief resume of the undesirable conditions existing in the cell-block at Sing Sing:

First.—The building is damp—the cells especially so.

Second.—The cells are too small.

Third.—The cell-house is not ventilated.

Fourth.—The cells are insufficiently ventilated.

Fifth.—The defective plumbing fixtures and drainage system, together with the offensive night-buckets, are the cause of much foulness.

Sixth.—The variation of the temperature between the upper and lower tiers of cells is excessive.

These conditions cause lassitude, prison fever, tuberculosis, and other diseases.

Most of the above conditions exist also in the cell-block at Auburn. Some of them are not so pronounced and acute in that prison as in Sing Sing. Most of these defects cannot be remedied except by the construction of new cell-houses, which, to accommodate the present number of prisoners in enlarged cells, would need to be very much larger than the present cell-houses. Freedom from dampness and good drainage are practically impossible upon the low grounds of the Sing Sing site, even with a new building.

ADVISABILITY AND COST OF RECONSTRUCTING AND MODERNIZING SUCH BUILDINGS.

The second matter upon which inquiry and report was to be made by this Commission is the advisability and cost of reconstructing and modernizing the present buildings at Auburn and Sing Sing. After careful inquiry and consideration, your Commission reports that in order to modernize these prisons it would at least be necessary to construct entirely new cell-houses, including, of course, new cell-blocks. The cell-house to take the place of Sing Sing Prison should contain, in the judgment of the Commission, at least 1,400 cells. Such a new cell-house, including administrative departments, with fire-proof and modern construction and arrangement, will cost, according to the

estimate of competent architects, \$934,000. A similar new cell-house for Auburn Prison, of a capacity of 1,200, will cost approximately \$800,000.

As the present sites of both these prisons are undesirable—the one at Auburn being located in the center of the city, without sufficient grounds for shop work and garden, and no grounds at all for agricultural cultivation, and the entire site having become tainted and unsanitary by its continued use as a prison for nearly a century; and as the site at Sing Sing is too low to afford facilities for proper drainage, and is otherwise unsanitary, as more fully appears in the above statement in relation to the sanitary condition of this prison,—your Commission deems it unadvisable to attempt to reconstruct these prisons, or either of them; or to spend approximately a million dollars each in building upon these present sites new cell-houses.

Your Commission, therefore, recommends the ultimate abandonment of these sites, and their sale, and the construction of new prisons upon new sites.

THE ESTIMATED SUMS THAT CAN BE REALIZED FROM THE SALE OF
AUBURN AND SING SING PRISONS, AND THE LANDS AND APPURTENANCES CONNECTED THEREWITH:

If new prisons are constructed to take the place of the present prisons at Sing Sing and Auburn, some years must elapse before these new prisons will be sufficiently completed to permit of their occupancy. In the meantime the use of the present prisons must continue. It is a difficult matter to determine with any degree of accuracy the amount of money which the State may be able to realize from the sale of these sites several years hence. The Commission has made inquiry as to the present value, and can only

approximately estimate their future value. The site at Auburn consists of about twenty acres of land. The market value of this land, according to the report of three competent local appraisers familiar with the values of real estate in the city of Auburn, is \$124,600. This is exclusive of anything that might be realized from the buildings now on these lands, and is the appraised value of the land to be used for business and residential purposes. The present value of the buildings has been computed by expert appraisers on the methods employed by fire insurance adjusters. They report this value at the sum of \$1,024,724.

The assessed valuation of the entire prison plant at Auburn, as fixed by the local assessors of the city of Auburn, is as follows:

Auburn State Prison for Men.....	\$1,000,000
Auburn State Prison for Women.....	200,000
Cemetery	400

This includes the machinery in the industrial buildings as well as the real estate.

The assessed value of the entire prison property, including machinery and buildings, at Sing Sing, as entered on the assessment books by the local assessors, is \$1,500,000. The assessors, however, state that they have never been able to get any information as to its real value, and being compelled to return it at some amount, have placed it at that sum. The site at Sing Sing consists of lands lying along the east bank of the Hudson river. The land value of this property, exclusive of buildings, has been appraised by three competent appraisers familiar with the real estate values in that locality, who have reported a value of \$150 per acre for that portion of the land east of the railroad, and \$1,500 per acre for that portion of the lands lying between the railroad and the river. As the former consists of about seventy

acres, and the latter of about fifteen acres, this would make the appraised value of the land embraced in this site, exclusive of buildings, \$33,000.

The present value of the buildings, estimated by competent fire insurance adjusters on the methods adopted by such companies in ascertaining the present value of buildings, is the sum of \$848,608.

The site of Sing Sing is very desirable for manufacturing purposes. Most of the present buildings could be remodelled for manufacturing uses without large expenditure, and without doubt the State will be able to sell this property for a fair value by the time that a new prison will be ready for occupancy.

The Commission believes that the foregoing estimate of the land value of the Sing Sing site is very low, even at the present time, and that the removal of the prison from this locality, and the establishment of a manufacturing plant upon the low lands of this site, will greatly increase the market value of the uplands, and that the State will ultimately realize very much more for these lands than would appear from the above estimate, which is, of course, based upon present conditions.

The Commission also believes that the foregoing estimates of the value of the buildings on the sites of both prisons are much greater than the State will be able to realize for their sale. Portions of those buildings, especially the cell-blocks and walls, are useless for other than prison purposes. The actual market value of these plants for other than prison uses can only be ascertained by offering them at public sale after wide and extensive advertisement. The above estimated values present all the information at present obtainable.

THE ADVISABILITY AND COST OF ONE NEW PRISON FOR TWENTY-FOUR HUNDRED PRISONERS ON A NEW SITE, AND THE MOST ADVANTAGEOUS LOCATION OF SUCH SITE.

Upon this subject your Commission reports that the cost of providing a single prison plant, for 2,400 prisoners, on a new site, would be practically the same as the cost of two separate plants for the care of the same number of inmates. The cost of the larger cell-house, mess-hall, hospital, and shops for the industries, would be double the cost for a single prison for half that number of inmates. There probably would be a small saving in the administration building. There would be practically no saving in the subsequent administration, as the management of so large a prison population would require additional officers in proportion to the increase in the number of prisoners. We also believe that the superintendency and care of twelve to fourteen hundred prisoners is as much as should be imposed upon any one warden. While there would be some advantages in having all the industries at one place, there would also be some disadvantages, especially in the distribution of the industrial product. About seventy per cent. of all the inmates of the State prisons are sentenced from Greater New York. If the State should construct a large prison to take the place of both Sing Sing and Auburn, it would necessarily be located somewhere in the interior of the State, at a considerable distance from the City of New York. The additional cost of transporting the prisoners from the city to a central prison would be considerable, and the committing of prisoners convicted both in New York and in the extreme western sections of the State to a prison so remote from these sections, would be deemed a hardship by the people of these localities.

Your Commission, therefore, believes that it would be unadvisable to construct a central prison to take the place of both Sing Sing and Auburn, as will appear more fully under the next heading of our report.

THE ADVISABILITY AND COST OF PROVIDING TWO NEW PRISON PLANTS ON NEW SITES, THE MOST ADVANTAGEOUS LOCATIONS OF SUCH SITES, AND THE REQUIRED CAPACITY OF EACH PLANT.

If new prisons are constructed, they should be of sufficient capacity to meet the probable needs of the State for a number of years to come. It will be three or four years before either of these prisons will be sufficiently completed for occupancy, and they should be of sufficient capacity to make additions unnecessary for at least twenty years. The population of the State of New York, especially its city population, is constantly increasing. Sing Sing Prison at present has a capacity for 1,200 prisoners. It has been found almost impossible to keep the population of that prison as low as 1,200. It can only be done by frequent and numerous transfers to the State prisons at Dannemora and Auburn. Even the number of prisoners in this institution often exceeds its capacity. For these reasons this Commission recommends that a new prison to take the place of Sing Sing be constructed with a capacity of not less than 1,400, and a new prison to take the place of Auburn with a capacity of not less than 1,200.

It is the judgment of your Commission, after careful study and deliberation, that the new prison to take the place of Sing Sing should be located south of Poughkeepsie in the general vicinity of the City of New York, on a site of not less than five or six hundred acres, located with a view of having proper

water supply, good drainage, and both water and railway communications, and a good portion suitable for cultivation.

Your Commission recommends that a new prison to take the place of Auburn be located in the western part of the State, approximately in the center of the population of that prison district, on a site having the same advantages mentioned in relation to the site for the eastern prison.

There are many reasons why your Commission deems it wise to construct one of these prisons in the vicinity of the City of New York. This city and the territory tributary thereto and south of it contain more than half the population of the State, and consume more than half the product of the prison industries. This large population is entitled to have a prison constructed in its immediate vicinity for the care and reformation of its criminal classes. It is also wise to have the prison industries in operation near the commercial center, where industrial supplies can be easily and readily obtained at any time, and where a large part of the industrial product of the prisons is consumed. These supplies can be furnished much more quickly and satisfactorily from a nearby than from a remote prison. The establishment of one of these prisons near the City of New York practically determines that the other one, to take the place of Auburn, should be located in the western part of the State.

Your Commission has carefully inquired as to the cost of a new prison to take the place of Sing Sing, with a capacity of 1,408 cells, cost to include cell-house, mess-hall, administration and shop buildings, and has procured careful computations of such cost by a competent architect. These estimates are based upon the prices now obtaining throughout the Hudson Valley,

and are for brick structures trimmed with light stone, with all modern appliances for heating, lighting, plumbing and ventilating, and include an administration building, cell-house with 1,408 cells, keeper and guard building, dining-hall, hospital, chapel, school building, prison for condemned men, subways for distributing electric power, steam heating, telephone wiring and sewerage; workshops (eight buildings), each three stories high, having in all one hundred and sixty thousand square feet of floor surface; foundry, warehouse, stable, ice house, coal sheds, lumber sheds, repair shop, steam power plant, electric power plant, and a prison wall thirty feet high enclosing 327-10 acres. The cost will vary somewhat according to the material used in the construction of the cells.

Your Commission, after careful inquiry and deliberation, recommends cells constructed of pressed brick. Such cells are easily kept clean and sanitary, and while the first cost is somewhat greater than cells constructed of cheaper material, your Commission deems such additional expenditure a wise investment. Cells of concrete would be cheaper, but concrete construction has hardly yet passed the experimental stage. Cells constructed of standard steel are too noisy for a large prison, and if it were thought best to install steel cells, deafened steel should be used. These would cost more than the pressed brick, and, in the judgment of your Commission, would not be as desirable. Cells constructed of common brick have to be plastered on the inside, and are not only insecure but also absorb moisture, and are in many respects undesirable.

While your Commission recommends the construction of a cell-house with pressed brick cells, we subjoin a table showing the

estimated cost of cells constructed of various different kinds of material.

The cost of the cell-house will vary somewhat according to the kind of material used in the cell construction, as with brick cells the cell-house will need to be somewhat larger than with steel cells.

The estimated cost of an entire new plant to take the place of Sing Sing, outside of the cell-house and cells, is \$892,691. The estimated cost of a cell-house containing 1,408 cells constructed of pressed brick is \$934,133, making the total estimated cost of a new prison plant, \$1,826,824.

The estimated cost of a cell-house with deafened steel cells is \$1,077,545, making the total estimated cost of the new plant with this kind of cells, \$1,970,236.

This does not include the cost of a site. In the Hudson River section, with water supply, river frontage, and all other requisite conditions, such a site would cost approximately \$125,000.

It is to be kept in mind that the actual final cost to the State of a new prison to take the place of Sing Sing will be the above amount less whatever sum will be obtained from the sale of the present site of Sing Sing. New shops could be so constructed that the machinery now in use at Sing Sing could be transferred and made available in the new prison.

The following schedule shows the estimated cost of an entire new plant, capacity 1,408 prisoners, with six different cell constructions, to take the place of Sing Sing prison:

SCHEDULE.

Common Brick Cells and Cell-House....	\$ 888,669	
General Buildings and Wall.....	892,691	
	<hr/>	\$1,781,360
Pressed Brick Cells and Cell-House....	\$ 934,133	
General Buildings and Wall.....	892,691	
	<hr/>	\$1,826,824
White Enamel Brick Cells and House...	\$1,052,405	
General Buildings and Wall.....	892,691	
	<hr/>	\$1,946,096
Concrete Cells and Cell-House.....	\$ 885,565	
General Buildings and Wall.....	892,691	
	<hr/>	\$1,778,256
Standard Steel Cells and House.....	\$ 971,545	
General Buildings and Wall.....	892,691	
	<hr/>	\$1,864,236
Deafened Steel Cells and House.....	\$1,077,545	
General Buildings and Wall.....	892,691	
	<hr/>	\$1,970,236

In the above schedule each estimate is for a cell-house of common brick. The estimated cost of cells is as follows:

Common Brick Cells, each.....	\$211
Pressed Brick Cells, each.....	244
White Enamel Brick Cells, each.....	328
Concrete Cells	223
Standard Steel Cells.....	300
Deafened Steel Cells.....	375

The cost per capita of the cell-house, including quarters for the keepers and guards, with cells of pressed brick, would be \$656.

These estimates are for a cell-house, with cells having a floor space of 6 x 10 and an 8-foot ceiling; each cell to be furnished with a stationary washbowl and a sanitary flushing closet; cell fronts of steel with modern locking appliances, and a utility corridor between the backs of the cells to contain the plumbing and for ventilating purposes; cell-block to be four tiers high, with wide corridors between the fronts of the cells and the outer walls.

The foregoing estimates are for contract work. Doubtless the actual cost to the State would be a good deal less by the employment of convict labor in the construction. While it is true that the convicts in the State prisons, able to do work, are now well employed upon the industries in operation, and it would not be wise to cripple these industries or suspend their operation even temporarily for any purpose, yet arrangements could undoubtedly be made to detail a sufficient number of prisoners from various penal institutions to do a considerable part of the work of construction. The experience of our own and of other states shows that this is entirely practicable.

The Commission recommends that the Legislature authorize the transfer of prisoners in the penitentiaries, sentenced for felony and supported by the State, to this prison to be employed in the work of construction. In this way a number of prisoners now idle in the penitentiaries, and supported at State expense, could be furnished profitable employment without any crippling of the industries in the State prisons.

The cost of a new prison, of a capacity of 1,200 cells, situated at the western part of the State, to take the place of Auburn, will be approximately \$250,000 less than the above estimates.

While your Commission believes that new prisons should be erected on new sites to take the place of both Sing Sing and

Auburn, we recommend that a new prison, to take the place of Sing Sing, be first constructed, and that the construction of a prison to take the place of Auburn be deferred until the completion of the eastern prison.

We annex hereto the reports of the examination of Auburn and Sing Sing Prisons by Henri D. Dickinson, C. E., of New York, Sanitary Engineer; the reports of appraisal of the lands now occupied by Auburn Prison, and of the lands now occupied by Sing Sing Prison; the reports of the experts containing the estimated values of the buildings on these lands; and photographs of the proposed new prison plant.

THE MOST PRACTICAL DISPOSITION THAT MAY BE MADE OF THE EASTERN NEW YORK REFORMATORY.

In addition to the matters relating to State Prisons, said act (chapter 718) directs this Commission to report what disposition should be made of the Eastern New York Reformatory.

The State of New York has the honor of having established and developed the first reformatory in the world for offenders between the ages of sixteen and thirty years, convicted of felony. The success of the reformatory at Elmira led to the establishment of similar institutions in various other States of the Union, and attracted the attention of foreign countries.

One of the vital and fundamental principles, the indeterminate sentence, has even been extended with great benefit in this and other States to prisons not denominated as reformatories. The success of reformatory work at Elmira, and the overcrowded condition of that institution, led the Legislature to provide for the establishment of another reformatory at Napanoch, intended to be constructed and operated along the lines of the State Reform-

atory at Elmira. For various reasons its construction and equipment suffered many delays. Finally a portion of the main building was made ready for the custody of prisoners, but a vast amount of other work remained to be done before the institution would be in any condition to be used as a reformatory. The construction of other buildings, the improvement and fencing of the farm, the construction of a water supply system, and the building of a temporary stockade to enclose the prison yard, were necessary before the same could be safely occupied by other than "trusties."

While in this unfinished condition, the Legislature in 1900 passed a special law putting this institution under the general jurisdiction of the Superintendent of Prisons and authorized him to make transfers thereto; and also authorized the managers of the New York State Reformatory at Elmira to transfer to it a limited number of prisoners as soon as it was in condition to safely care for them. This law was afterwards amended, allowing the managers at Elmira to continue to transfer to Napanoch whenever it became necessary to relieve the congestion at Elmira, and during recent years almost all the prisoners at Napanoch have been transfers from Elmira.

During the years this institution has been under the care of the Superintendent of Prisons, important improvements have been made in the water supply and upon the farm; the grounds have been graded, a barn built, a stockade constructed, a mess-hall completed, containing a basement for shop-work, some progress has been made in the construction of a prison wall, and an appropriation has been made and work commenced on the construction of a residence for the Warden and on the shop

buildings. These will be completed during the present fiscal year.

Notwithstanding these improvements, the prisoners up till the present time have had neither the advantages of the system at Elmira nor the industrial system of the State prison. While farm work and construction have afforded them some employment and training, there have been no facilities for the establishment of industries or trade-class instruction.

The Commission believes that the time has now arrived when the future status of this institution should be finally determined.

As the construction of new prisons, as herein recommended, will make provision for the prisoners likely to be sentenced to State prisons for some time to come, and as the demand for additional facilities for the care of the young men now sentenced to Elmira is urgent, your Commission believes that this institution should now be made into a reformatory, according to the original intention of the Legislature.

As the number of commitments to Elmira continues to exceed the capacity of that institution, and keeps it constantly congested, and as practically all the inmates confined at Napanoch were originally sentenced to Elmira, the Commission believes that the institution at Napanoch should be under the same management as the institution at Elmira.

The Commission therefore recommends that the Eastern New York Reformatory at Napanoch be placed under the administration and authority of the Board of Managers of the New York State Reformatory at Elmira, to take effect at the close of the present fiscal year. In this way the original intention and purpose of this institution will be effected, and the young men sent to Elmira for reformatory treatment will be retained in the

custody and under the control of the managers of that institution either at Elmira or Napanoch.

Respectfully submitted,

(Signed)

C. V. COLLINS,

JOHN G. WICKSER,

EDWIN O. HOLTER,

SAMUEL J. BARROWS,

W. E. WHEELER,

State Prison Improvement Commission.

Dated, January 15, 1906.

EIGHTH ANNUAL REPORT

OF THE

State Superintendent of Elections

FOR THE

METROPOLITAN ELECTIONS DISTRICT.

GEORGE W. MORGAN, *Superintendent.*

LEWIS M. SWASEY, *Chief Deputy.*

TRANSMITTED TO THE GOVERNOR DECEMBER 31, 1905.

ALBANY
BRANDOW PRINTING COMPANY
STATE LEGISLATIVE PRINTER
1906

STATE OF NEW YORK.

EXECUTIVE CHAMBER.

ALBANY, *January 29, 1906.*

To the Legislature:

I have the honor to transmit herewith the Eighth Annual Report of the State Superintendent of Elections for the Metropolitan Elections District.

FRANK W. HIGGINS.

STATE OF NEW YORK.

No. 26.

IN ASSEMBLY,

January 29, 1906.

EIGHTH ANNUAL REPORT

OF THE

STATE SUPERINTENDENT OF ELECTIONS

FOR THE

METROPOLITAN ELECTIONS DISTRICT.

REPORT

To the Governor of the State of New York, Albany, N. Y.:

Sir.—In accordance with the provisions of chapter 676 of the Laws of 1898, section 13, I have the honor to submit herewith the annual report of the State Superintendent of Elections for the Metropolitan Elections District for the calendar year 1905.

The campaign of 1905 was unprecedented in the Metropolitan Elections District in that the contest among three political par-

ties was so spirited and the result of the election so close that even at this date, weeks after the first counting of the ballots, the official figures of the vote by assembly districts are not obtainable for purposes of comparison with the registration or with the vote of the preceding year when the presidential contest brought out the largest vote yet recorded in the history of the city of New York. In a general way it may be said that attempts at illegal registration, as in previous years, were numerous and not confined to any one section of the city. The activity of those who seek, year after year, to nullify the will of the voters by fraud was more apparent this year on the day of election than ever before. This greater apparent fraud was due in large measure to the methods adopted by the election criminals. The earlier registration days and better systematizing of investigations resulted in a most effective purging of the registry lists. Deprived of many names fraudulently placed upon the registry books, the election criminals were driven to resorting to the use of names legally upon the books before those who had registered them presented themselves to vote. This shifting of methods is illustrated in the number of convictions already secured for voting on other people's names. I shall suggest in a later part of this report some legislation intended to put a check upon these practices. The work of this office as a bureau of detection and apprehension of election criminals instead of halting when the casting of the ballots was finished was tremendously stimulated by the open and daring manner in which the election machinery was tampered with and the provisions of law openly disregarded, not only by daring partisan workers, but by officials charged with the execution of the Election Law itself. The list of arrests, indictments, trials, convictions and sentences for crimes against the Election

Law appears in its proper place in this report, but this is by no means the completion of the work, and it is not possible to say, at the close of the year 1905, what percentage of the frauds of Election Day 1905 are yet exposed and punished.

In another portion of this report, I shall make certain recommendations concerning the present legal provisions for the reception and counting of the ballots, but here it is timely to call attention to the number of election officers placed under arrest and that other large number against whom indictments have already been returned and who are now fugitives from justice. The work of an extraordinary grand jury, summoned to convene in the first week of January, 1906, will be supplemental to the results already accomplished through the close cooperation existing at all times since my last annual report between this office and the Attorney-General's department of the State of New York. In the assistance from the Attorney-General's office it is my pleasure to record the fact of the personal appearance of the Attorney-General before the grand juries and his personal conduct of many of the trials.

The registration for 1905 approximated 644,000, and, owing to the adoption of my recommendation increasing the time between the days of registration and election day, this office was enabled to investigate into the qualifications of those presenting themselves before the boards of registry more thoroughly than in previous years. The card index system adopted in this office a year ago and brought up to a state more nearly approaching perfection than was possible in the first year of its existence is a permanent feature of our records, and it has justified the time, labor and expense required to set it in active operation. This card index of names of approximately 700,000 voters in the

Metropolitan District has become self-perpetuating through an amendment to the Election Law adopted by the Legislature of 1905 and signed by the Governor. This requires the boards of registry to forward to this office at the close of each day of registration a card for each elector, containing the information recorded when he presents himself to register. These cards are uniform with those in use in this office a year ago, and are furnished by the Secretary of State in accordance with the form prescribed by the State Superintendent of Elections for the Metropolitan Elections District. The result is that instead of a mass of records in bulk, from which information concerning an individual elector must be culled the voting qualifications of each elector are in compact form on a small card which contains his name, age, address, nativity and other information, and this is kept in cabinet files indexed first by counties, then by assembly districts and finally alphabetically by election districts.

In another portion of this report I shall describe more in detail the appearance of these cards as they were received at this office from the boards of registry. Carelessness in transcribing the information from the registration books, the omission in thousands of them of important data and other inexcusable errors made the card record as a whole so faulty that much valuable time and labor was consumed in this office in what should have been the unnecessary work of verifying and correcting them.

A brief description of this card system with the use to which the cards are put and the method of handling them in checking off the results of the thousands of investigations made by the Deputy Superintendents of Elections is important to the proper understanding of the enormous amount of labor performed by this office; previous to the days of registration these cards are

handled to obtain a list of challenges against those electors whose right to vote has been lost subsequent to their last registration. After each day of registration the new cards for the current election are compared with the previous year's cards to note discrepancies in the two and to discover any circumstance of a nature to suggest a personal investigation by Deputy Superintendents or an examination of witnesses by summoning to this office by subpoena.

As in previous years, the names of males over 21, who died between the election of 1904 and the first day of registration of 1905, were obtained from the records on file in the department of health, together with the ages and dates of death. These names were first arranged in order by election and assembly districts for the purpose of comparison with the cards containing the names of the qualified electors of 1904. When the comparison showed a similarity between the death list and the elector's card, investigation was made by the Deputy Superintendents to make certain that the elector of 1904 was the same who had died. The information obtained by the deputies was from the most reliable sources possible, including statements from at least two persons on the premises, one of whom was the janitor or caretaker and another the oldest tenant in all cases where a member of the deceased's family could not be found. Whenever information could not be obtained on the premises by reason of the building being vacant, inquiry was made in the neighborhood of tradespeople and others and the undertaker whenever possible was questioned. When the reports were turned into this office and a final comparison made it was found at times that there were discrepancies between the health department data and the information obtained by the deputies. This frequently necessitated

a second investigation and personal visits of the deputies to the same ground that they had already gone over. When this office was in possession of positive proof of the death of a 1904 elector the card of the elector was stamped "dead," and a reference number was placed on the card, corresponding to the file number of the report of the deputy who obtained the proof of death. The names were then placed on the "challenge and arrest" lists, and if any persons presented themselves for registration on those names they were to be arrested. Until this office first began compiling the list of deaths and making up a challenge list for registration days it had been a common practice in the city of New York to attempt to use the names of deceased voters as a basis for illegal registration. The subjoined table shows the deaths for the year 1905 by assembly districts:

MANHATTAN AND BRONX.

NEW YORK COUNTY.

Assembly districts	Deaths
1st	221
2d	355
3d	338
4th	266
5th	261
6th	466
7th	289
8th	117
9th	333
10th	228
11th	246
12th	192

STATE SUPERINTENDENT OF ELECTIONS.

11

Assembly districts.	Deaths.
13th	309
14th	272
15th	217
16th	216
17th	245
18th	343
19th	347
20th	317
21st	442
22d	349
23d	427
24th	276
25th	258
26th	282
27th	202
28th	234
29th	222
30th	256
31st	398
32d	354
33d	279
34th	577
35th	778
Annexed	84
<hr/>	
Total	10,996
<hr/>	
Registered 1904	2,017
Not registered 1904	8,979
<hr/>	

BROOKLYN.

KINGS COUNTY.

Assembly districts.	Deaths.
1st	238
2d	297
3d	256
4th	297
5th	230
6th	238
7th	371
8th	284
9th	319
10th	352
11th	241
12th	340
13th	336
14th	370
15th	271
16th	338
17th	268
18th	565
19th	332
20th	363
21st	368
<hr/>	
Total	6,674
<hr/>	
Registered, 1904	1,422
Not registered, 1904	5,252
<hr/>	

STATE SUPERINTENDENT OF ELECTIONS.**13****QUEENS COUNTY.**

1st	412
2d	290
3d	32

Total	734
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Registered, 1904	184
Not registered, 1904.....	550

RICHMOND COUNTY.

1st	326
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Registered, 1904	76
Not registered, 1904.....	250

SUMMARY.

Manhattan and Bronx.....	10,996
Brooklyn	6,674
Queens	734
Richmond	326

Total	18,730
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Registered, 1904	3,699
Not registered, 1904.....	15,031

A similar method was employed in collating the list of removals of electors of 1904 who had changed their residences from one district to another. The canvassers for the Trow Directory,

Printing and Bookbinding Company were made use of as in the previous year, and from this source alone some 70,000 removals were obtained. From a variety of other sources this removal list was also enlarged. The wholesale use of the United States mails by large business houses, as well as private individuals and associations, results in the return by carriers as "not found" many pieces of mail addressed to a street and number corresponding to the address of an elector at the last previous election. This office was able to obtain a mass of data from these sources. Another prolific source of information was the wholesale applications of contestants in the primaries of September to have names stricken from the primary enrollment in many districts on the ground of removal. More than 6,000 of these applications were made to the courts in the first department alone. As with the death list, removals were compared with the cards of 1904, and where the information furnished this office was not positive it was not accepted until after investigation by deputies or after investigation of persons subpoenaed. Reinvestigation was frequently necessary before the information was accepted as accurate and the card of the elector was stamped "removed" and his name placed upon the "challenge" list. In the county of New York these names were placed upon the "challenge and arrest" list for the first day of registration and on the subsequent days of registration were transferred to the "challenge" list. This change was made upon the discovery that so many qualified voters had removed from their city homes to the country for the summer months prior to the Trow canvassers' investigations and had returned subsequent to the date on which our final verification of the removal list was made. It was believed, therefore, to be advisable to challenge from the removal lists when

persons presented themselves for registration upon names appearing upon this list, leaving the matter of arrest to the result of a subsequent investigation. In every case the challenge was ordered to be made, not of the elector as such, but of the person presenting himself under such previously qualified elector's name and claiming residence in the district from which proof had been obtained and was on file in this office that the elector had removed. As in 1904, which fact was noted in the report for that year, there were some election officers who disregarded the plain instructions accompanying the challenge list to the effect that challenges were to be interposed only when the persons giving a name upon the challenge list claimed the right to register from the address appearing on the challenge sheet and legally qualified electors were subjected to the annoyance of a challenge who had merely removed from one house to another in the same election district, or who were on the list and were challenged by the inspectors of election irrespective of the address from which they presented themselves. The table of removals follows:

MANHATTAN AND BRONX.

NEW YORK COUNTY.

Assembly districts	Removals
1st	335
2d	539
3d	907
4th	1,178
5th	1,269
6th	1,174
7th	1,170
8th	1,046
9th	1,262

Assembly districts	Removals
10th	1,366
11th	893
12th	918
13th	847
14th	1,412
15th	1,187
16th	964
17th	994
18th	1,187
19th	3,533
20th	1,045
21st	6,282
22d	1,068
23d	6,358
24th	1,202
25th	1,736
26th	1,460
27th	1,565
28th	1,896
29th	2,214
30th	2,180
31st	5,818
32d	2,930
33d	2,466
34th	3,902
35th	5,535
Annexed	19
Total	69,857

BROOKLYN.

KINGS COUNTY.

Assembly districts	Removals
1st	1,466
2d	507
3d	918
4th	608
5th	403
6th	320
7th	887
8th	401
9th	299
10th	1,068
11th	1,000
12th	3,222
13th	1,892
14th	1,302
15th	624
16th	221
17th	326
18th	397
19th	285
20th .....	.....
21st .....	.....
Total	16,146

The record of former convicts located in the metropolitan district on file in this office was added to during the year, and a list was compiled of those who were convicted of felony subsequent to the election of 1904. These names were placed on the challenge and arrest list with orders to arrest any ex-convict who presented himself to register.

From a list of naturalization papers canceled during the year additional names were obtained for the challenge and arrest list.

Warrants procured by this office for the election of 1904 and not served were forwarded to the police department for execution upon the days of registration this year should any of the persons named therein offer themselves for registration.

In many cases where arrests were made on these 1904 warrants it was later found necessary to discharge the defendants owing to the fact that the magistrates' courts had lost the informations upon which these warrants were originally procured. The unaccountable loss of these original affidavits in the magistrates' courts rendered it impossible to go into the merits of many of these cases.

The names of persons challenged at the time of registration in 1904 and whose challenge was not withdrawn after investigation at that time were again placed on the challenge list for this year. When the names of persons who had registered from hotels and lodging-houses last year did not appear on the reports filed last year in this office by those hotel and lodging-house proprietors such names were placed on the challenge lists. The absence of many of these names from the hotel and lodging-house reports was discovered on investigation by deputies to be due to oversight or neglect of the clerks of these houses. The names placed

on the "order of arrest" lists of 1904 were this year placed upon the challenge lists in use on the four registration days.

The following dummy samples of cards are prepared according to the system in this office. The file numbers refer to the deputies' reports of investigations which are at hand for immediate use. The cards after being stamped and indexed up to within a few days of the first day of registration were handed in trays of election districts to deputies for copying. The challenge and challenge and arrest lists were headed to correspond with the county, assembly district and election district of the cabinet tray. The names and addresses were placed on the challenge or challenge and arrest sheet, and the sheet was passed to the hektographers for duplication, after the staff of attorneys had compared each name and address upon the list with the proper card in the cabinet, and the attorney who verified had initialed the original sheet. Four copies of each sheet were then placed in an envelope addressed to the inspectors of the appropriate district. The inspectors received this sealed envelope from the police before the board convened.

The proper sheet upon which to enter each name appears from the following instructions to the deputies assigned to making up the lists:

INSTRUCTIONS TO DEPUTIES FOR MAKE-UP OF "CHALLENGE LIST" AND "CHALLENGE AND ARREST LISTS," NEW YORK COUNTY.

The name and address appearing on each card containing the following stamps are to be placed upon the "Challenge List:"

"Challenged 1904, voted."

"Challenged 1904, did not vote."

"Not on report, 1904."

"Stricken by court order from primary enrollment, 1905."

"Arrest ordered, 1904."

The name and address appearing on each card containing the following stamps are to be placed upon the "Challenge and Arrest List:"

"Dead."

"Papers cancelled."

"Convict."

"Warrants."

"Removed."

The stamp "Challenge withdrawn, 1904" is to be ignored in making up these sheets.

Where two or more stamps appear on one card, one of which would place the name of the elector in the "Challenge List" and another in the "Challenge and Arrest List," the latter is the one to be followed. For instance, if a card is stamped "Challenged 1904, voted" and also stamped "Dead," place the name and address on the card in the "Challenge and Arrest List."

In each case see that the address is placed after the name to which it refers. Write the surname first.

Pay special attention to the legibility and correctness of both the name and the address. Each deputy will write his shield number on the back of each sheet written by him.

The instructions for the four days of registration, October 9th, 10th, 14th and 16th, were furnished each deputy in printed form, as follows:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS FOR THE METROPOLITAN ELECTIONS DISTRICT.

INSTRUCTIONS TO DEPUTIES FOR THE DAYS OF REGISTRATION FOR THE GENERAL ELECTION OF 1905, OCTOBER 9, 10, 14 AND 16.

Deputies detailed to assembly districts will report at 6.50 a. m. at the place of meeting of the Board of Registry which appears first upon the list furnished them. They will see whether the Registry Board has been furnished with the challenge list and challenge and arrest list from the State Superintendent of Elections. They will also observe whether a police officer is in attendance at the meeting of the Registry Board. Deputies will thereupon enter in their memorandum books, if the lists have been delivered to the Board and a police officer is in attendance, as follows:

.....E. D.....A. D.....County,
Address....., Time.....M. List furnished
Board, Policeman No.....in attendance.

They will, after the opening of the meeting of the Board, proceed to the place of meeting of the Board of Registry which appears next on their list, follow the same course as they pursued at the first Board and make entries in like manner in their memorandum books. This course shall be followed until all the places of meeting appearing on their list have been visited, when the deputies will return to the place appearing first on the list and proceed to all the places in the same manner. These tours shall be continued until the closing of the meeting of the Boards of Registry at 10 p. m.

Before leaving the meetings of the Board, deputies shall make entries in their books as above of the election and Assembly district and county in which the Board is sitting, together with the address of such meeting place, the time at which the meeting

was visited, the number of the police officer in attendance, whether the members of the Board of Registry have registered any of the names appearing on the challenge list and the challenge and arrest list of the State Superintendent of Elections, and if so whether the instructions of the State Superintendent of Elections in relation thereto have been carried out.

If any case is discovered in which the members of the Boards of Registry are not carrying out the request for aid and assistance called for by the State Superintendent of Elections, such facts shall be communicated immediately by telephone to the office of the State Superintendent of Elections, 6200 Broad, Manhattan.

Deputies may leave their tours of duty to register, but shall return as soon as possible thereafter. They may also delay a tour for a reasonable time for dinner and supper, but meals must be taken on their tours. The time taken for registration and for meals shall be entered in the deputies' memorandum books.

Deputies are warned that they are not to engage in partisan political work of any sort. They are charged with the nonpartisan enforcement of the election statutes, to which they will be held to a strict accountability.

Deputies must be courteous in their treatment of election officers and citizens. They will show their certificates of appointment upon any proper request so to do.

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

BY LEWIS M. SWASEY,
Chief Deputy.

Dated, New York, October 7, 1905.

Each challenge list placed in the hands of a Board of Inspectors of Election was accompanied by the following letter:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT.

CHALLENGE LIST.

*To the Inspectors of Election of the.....E. D. of the
.....A. D. of the County of.....:*

Investigation made under my direction has raised doubt as to the right of the persons mentioned in the following list and appearing on the Registry Books of 1904 to register for the General Election of 1905 from the addresses set opposite their respective names. Should any such person attempt to register from the address set opposite such name, I hereby call upon you, pursuant to the authority conferred upon me by Section 7 of the Metropolitan Elections District Law, as amended by Chapter 689 of the Laws of 1905, and fully set forth on pages 208-9 of the official copy of the Election Law, which has been furnished you, to challenge such person before registering his name and to administer the challenge oath to him as required by Subdivision 6 of Section 34 of the Election Law.

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

Accompanying each challenge and arrest list was the following letter:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT.

CHALLENGE AND ARREST LIST..

*To the Inspectors of Election of the.....E. D. of the
.....A. D. of the County of.....:*

Investigation made under my direction has furnished proof that the names mentioned in the following list and appearing on the registry list of 1904 have become disqualified from being

registered at the General Election of 1905 from the addresses set opposite such names respectively. Should any person attempt to register upon any of these names from the corresponding address set opposite each of such names I hereby call upon you, pursuant to the authority conferred upon me by Section 7 of the Metropolitan Elections District Law, as amended by Chapter 689 of the Laws of 1905, and fully set forth on pages 208-9 of the official copy of the Election Law which has been furnished you, to challenge such person before registering his name and to administer the challenge oath to him as required by Subdivision 6 of Section 34 of the Election Law. Upon the registration of any such person from the address set opposite such name, you are hereby directed to cause his arrest forthwith.

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

My letter to the Commissioner of Police, dated October 6, 1905, and covering the general instructions and orders from this office for registration days is subjoined:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT.

27 WILLIAM STREET, NEW YORK CITY, *October 6, 1905.*

HON. WILLIAM MCADOO,
Commissioner of Police,
300 Mulberry Street, New York City.

Sir:—I respectfully request you, in issuing orders to the members of the Police Department for the days of registration for the General Election of 1905, to direct their attention to the following provision of Section 7 of the Metropolitan Elections District Law, as amended by Chapter 689 of the Laws of 1905:

Section 7. Aid and assistance of persons and public officers.
—The state superintendent, or any deputy may call on any per-

son to assist him in the performance of his duty; and he may also call on any public officer who by himself or his assistants, deputies or subordinates shall render such assistance as may be required. Any such person, public officer, deputy or subordinate who shall fail, on demand of the superintendent or any deputy, to render such aid and assistance in the performance of his duty as he shall demand, or who shall wilfully hinder or delay, or attempt to hinder or delay such superintendent or deputy, in the performance of his duty, shall be guilty of a felony and shall upon conviction thereof be sentenced to imprisonment in a State prison for a period of not more than three years; and if a public officer, shall, in addition to such imprisonment forfeit his office. *A member of a uniformed police force and every sheriff, deputy sheriff and election officer shall, for the purpose of this act, be deemed a public officer.*

I hand you warrants for the arrest of persons charged with violations of the Election Law which were issued on my application prior to the General Election of 1904. These warrants remain unserved. Should any person for whom one of these warrants has been issued present himself before any registry board for registration for the General Election of 1905, you are hereby requested to cause the arrest of said person.

There will be sent to you copies of lists of persons to be challenged and of persons who upon their registration for the General Election of 1905 are to be placed under arrest. These lists will be arranged by election and assembly districts. Four copies of each list, enclosed in envelopes suitably addressed, are for the members of the Board of Inspectors of Election of the appropriate districts. You are hereby requested to cause these to be delivered at the proper places of registration before the opening of the registration books on October 9, 1905, through the members of the Police Department detailed to duty at such places of registration. One copy of each "Challenge List" and of each "Challenge and Arrest List" will also be sent to you for the use and information of the Police Department. To aid and assist in the enforcement of the Election Law, I respectfully request you to instruct the members of your department, that it will be their duty, when called upon by any inspector of elections, to arrest any person

who may attempt to register under any name and from the corresponding address which appears on the "Challenge and Arrest List."

I further desire to call your attention to section 10 of the Metropolitan Elections District Law, as amended by Chapter 689 of the Laws of 1905, which provides that certain cards prepared by the inspectors of election of each election district on each day of registration, when enclosed and sealed in a cover provided for that purpose, "shall be delivered forthwith by the Chairman of the Board of Inspectors, together with a statement on a blank form * * * to the police, who shall forthwith deliver the same to the State Superintendent of Elections at his office." I request you to instruct the members of the Police Department detailed to the places of registration to see that the cards heretofore mentioned, together with the statement above referred to are properly enclosed and sealed in the box and to deliver the same at my office, on the second floor at No. 27 William street, on the night of each day of registration with the least possible delay after the closing of the books of registration for that day.

My office will remain open all night upon each of the four days of registration and throughout the day and night on Sunday, October 8th, and Sunday, October 15th.

Respectfully yours,

GEORGE W. MORGAN,

*State Superintendent of Elections for the
Metropolitan Elections District.*

The following table shows the number of persons ordered to be challenged, the number who did not attempt to swear in their registration, the number who registered and afterwards voted on election day and the number who registered but did not cast their ballots at the general election:

CHALLENGES ON THE REGISTRATION DAYS OF 1905.

NEW YORK COUNTY.

Manhattan and Bronx.

ASSEMBLY DISTRICT.	Number of challenges.	Not registered.	Registered and voted.	Registered and not voted.
1.....	71	46	24	1
2.....	284	173	108	3
3.....	117	84	29	4
4.....	58	36	20	2
5.....	818	780	38	.....
6.....	706	505	192	9
7.....	80	54	25	1
8.....	63	53	10	.....
9.....	61	36	23	2
10.....	18	12	6	.....
11.....	23	16	6	1
12.....	109	92	17	.....
13.....	565	535	29	1
14.....	5	5	.....	.....
15.....	853	779	72	2
16.....	43	28	13	2
17.....	58	35	20	3
18.....	149	105	41	8
19.....	30	24	6	.....
20.....	70	58	12	.....
21.....	29	17	12	.....
22.....	26	17	9	.....
23.....	23	16	7	.....
24.....	11	7	2	2
25.....	153	132	18	3
26.....	27	21	6	.....
27.....	39	28	11	.....
28.....	8	5	2	1
29.....	20	16	4	.....
30.....	543	529	13	1
31.....	18	14	4	.....
32.....	34	34	.....	.....
33.....	6	6	.....	.....
34.....	72	56	13	3
35.....	54	42	12	.....
Annexed.....	16	13	2	1
Total.....	5,260	4,409	806	45

EIGHTH ANNUAL REPORT OF THE
KINGS COUNTY.

Brooklyn.

ASSEMBLY DISTRICT.	Number of challenges.	Not registered.	Registered and voted.	Registered and not voted.
1.....	255	241	12	2
2.....	196	147	42	7
3.....	135	128	4	3
4.....	181	177	3	1
5.....	18	15	2	1
6.....	1	1		
7.....	104	90	13	1
8.....	58	50	1	2
9.....	64	60	4	
10.....	730	726	4	
11.....	209	204	5	
12.....	552	543	9	
13.....	179	171	6	2
14.....	141	138	3	
15.....	35	28	7	
16.....	7	5	2	
17.....	4	2	2	
18.....	73	69	3	1
19.....	7	6	1	
20.....	4	3	1	
21.....	688	656	31	1
Total.....	3,636	3,460	155	21

QUEENS COUNTY.

ASSEMBLY DISTRICT.	Number of challenges.	Not registered.	Registered and voted.	Registered and not voted.
1.....	77	71	6	
2.....	53	52	1	
3.....	4	4		
Total.....	134	127	7	

RICHMOND COUNTY.

ASSEMBLY DISTRICT.	Number of challenges.	Not registered.	Registered and voted.	Registered and not voted.
1.....	54	54		

SUMMARY.

	Manhattan and Bronx.	Brooklyn.	Queens.	Richmond.
Names on challenge lists.....	5,260	3,636	134	54
Names not registered.....	4,409	3,460	127	54
Names registered and voted.....	806	155	7	
Names registered and not voted.....	45	21		

The following table gives the "Challenge and Arrest" lists with the total number of names appearing thereon, the number who did not present themselves for registration, the number who registered and voted and the number registering who failed to vote:

CHALLENGE AND ARREST LIST FOR REGISTRATION DAYS, 1905.

NEW YORK COUNTY.

Manhattan and Bronx.

ASSEMBLY DISTRICT.	Total number of names.	Number not registered.	Number registered and voted.	Number registered and not voted.
1.....	88	81	6	1
2.....	129	122	6	1
3.....	146	141	4	1
4.....	189	183	6	
5.....	230	230	8	1
6.....	223	211	12	
7.....	254	247	7	
8.....	116	113	3	
9.....	215	213	2	
10.....	196	195	1	
11.....	191	188	3	
12.....	115	114	1	
13.....	164	157	6	1
14.....	198	191	7	
15.....	223	216	7	
16.....	158	154	4	
17.....	175	172	2	1
18.....	185	182	3	
19.....	388	370	18	2
20.....	217	203	14	
21.....	806	783	23	
22.....	209	203	6	
23.....	797	785	12	
24.....	174	165	8	1
25.....	115	112	1	2
26.....	187	178	9	
27.....	180	175	5	
28.....	208	197	10	1
29.....	275	265	8	2
30.....	276	266	10	
31.....	859	825	32	2
32.....	456	453	13	
33.....	308	304	4	
34.....	942	922	20	
35.....	843	830	11	2
Annexed.....	9	9		
Total.....	10,463	10,155	290	18

EIGHTH ANNUAL REPORT OF THE
BROOKLYN.
KINGS COUNTY.

ASSEMBLY DISTRICT.	Total number of names.	Number not registered.	Number registered and voted.	Number registered and not voted.
1.....	48	48	.....	.....
2.....	88	87	1	.....
3.....	97	94	3	.....
4.....	53	51	1	1
5.....	85	81	4	.....
6.....	84	83	1	.....
7.....	26	28	.....	.....
8.....	59	59	.....	.....
9.....	64	63	1	.....
10.....	89	85	4	.....
11.....	87	83	4	.....
12.....	93	89	4	.....
13.....	55	54	1	.....
14.....	52	52	.....	.....
15.....	47	45	1	1
16.....	81	80	1	.....
17.....	75	74	1	.....
18.....	89	87	2	.....
19.....	53	51	2	.....
20.....	71	70	1	.....
21.....	88	87	1	.....
Total.....	1,486	1,451	33	2

QUEENS COUNTY.

ASSEMBLY DISTRICT.	Total number of names.	Number not registered.	Number registered and voted.	Number registered and not voted.
1.....	.....	.....	.....	.....
2.....	1	1	.....	.....
3.....	.....	.....	.....	.....
Total.....	1	1	.....	.....

SUMMARY.

Manhattan and Bronx.

Number of names on challenge and arrest lists.....	10,463
Number not registered.....	10,155
Number registered and voted.....	290
Number registered and not voted.....	18

BROOKLYN.

Number of names on challenge and arrest lists.....	1,486
Number not registered.....	1,451
Number registered and voted.....	33
Number registered and not voted.....	2

QUEENS.

Number of names on challenge and arrest lists.....	1
Number not registered.....	1
Number registered and voted.....	.....
Number registered and not voted.....	.....

In addition to the information gathered directly by deputies of this office the Police Department communicated to us the results of their verification of the registry lists. This information was furnished in response to the following request which I sent to Commissioner William McAdoo on October 18th:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT,
27 WILLIAM ST., NEW YORK CITY, Oct. 18, 1905.

HON. WILLIAM McADOO,
Police Commissioner,
300 Mulberry Street, City.

Sir.—I would respectfully request that you notify me of any cases of illegal registration discovered by the officers of your Department so that proper papers may be immediately prepared for motions to strike such names from the registry list.

Respectfully yours,

GEORGE W. MORGAN.

To my communication of October 18th a reply was received from the Police Department, as follows:

POLICE DEPARTMENT OF THE CITY OF NEW YORK,
300 MULBERRY ST., NEW YORK, Oct. 19, 1905.

HON. GEORGE W. MORGAN,
State Superintendent of Elections,
27 William Street, Manhattan.

Dear Sir.—I am directed by Police Commissioner McAdoo to acknowledge receipt of your communication of the 18th instant, asking that you be notified of any cases of illegal registration discovered by the officers of this Department, and to state that the same has been referred to the Chief Inspector with instructions to issue the necessary order.

Very respectfully,

WM. H. KIPP,
Chief Clerk.

The information thus obtained from the Police Department of the city of New York was utilized in the following manner:

I. Supplementing the material gathered by deputies for motions to strike names from the registry lists. On account of the glaring inaccuracies of the work of many of the registry boards numbers of the orders to strike names from the lists were vacated on motion of the Attorney-General so that no elector who had a right to register should be deprived of that right by reason of the clerical errors of the inspectors in making the entries.

II. Supplementing the material gathered by deputies for the make-up of the election day challenge list.

III. For purposes of comparison with the material obtained by deputies in order to prevent duplication of warrants and friction at the polls.

IV. For the purpose of obtaining corroboration in affidavit form of the police cases, which affidavits were placed in the hands of the deputies assigned to the various Magistrates' Courts on election day to be used by the police in presenting their cases when the prisoners were arraigned.

By a reapportionment of election districts in the city of New York the number of polling places in 1905 was increased nearly thirty per cent. to 1948. To cover this great field adequately on election day was a manifest impossibility with a force of deputy superintendents reduced by the Legislature of 1905 from 600 to 400 for the forty days of the campaign and with a limit of 150 additional deputies imposed as against 200 allowed in previous years. The carrying out of instructions from this office relative to the persons to be challenged and arrested after voting and the other directions issued with each of the various

lists promulgated for election day had to be left in a large measure to the public officers whose assistance had been demanded. In the foregoing tables submitted it will be seen that a certain number of persons on the challenge and arrest lists were allowed to escape arrest after voting and that others were arrested before voting despite the printed instructions which I caused to be delivered to every polling place. To the laxity of individual officers and through no fault of the police department itself, so far as has developed were due the mistakes which in a few instances resulted in vexatious and unnecessary annoyance to qualified electors. As in 1904 this office has to acknowledge the cheerful cooperation of the police department under Commissioner William McAdoo and there has been no friction between my deputies and the police.

In the preparation of the challenge lists and the verification of the information received at this office concerning deaths, removals and other causes which would result in the disqualification of persons whose names were likely to be presented for registration, investigations by my deputies were pursued incessantly. In addition to the serving of thousands of subpoenas and the day and night work necessitated by the many arrests and the preparation of cases for the grand jury since the days of registration the deputies conducted personal investigations into the qualifications of electors to the number of 132,271, as shown by the following table:

PERSONAL INVESTIGATIONS OF ELECTORS.

NEW YORK COUNTY.

Manhattan.

Assembly district.	Investigations
1st	1,983
2d.	3,562
3d	3,757
4th	3,599
5th	4,007
6th	3,863
7th	2,369
8th	2,229
9th	2,581
10th	1,732
11th	1,750
12th	1,142
13th	1,869
14th	1,939
15th	3,852
16th	1,657
17th	2,000
18th	4,657
19th	1,799
20th	2,209
21st	6,128
22d	2,249
23d	3,646
24th	1,215
25th	1,076
26th	1,060

STATE SUPERINTENDENT OF ELECTIONS.

35

27th	1,033
28th	1,450
29th	1,523
30th	1,758
31st	3,262
32d	1,626
33d	1,142
34th	1,246
<hr/>	
Total	80,970
<hr/>	

KINGS COUNTY.

Brooklyn.

1st	1,421
2d	1,135
3d	832
4th	1,669
5th	1,628
6th	1,863
7th	4,508
8th	750
9th	829
10th	1,653
11th	2,304
12th	2,763
13th	2,064
14th	1,227
15th	678
16th	2,688
17th	2,150
18th	4,312

19th	1,192
20th	2,854
21st	3,868
<hr/>	
Total	42,388
<hr/>	

QUEENS COUNTY.

1st	4,357
2d	2,535
3d	872
<hr/>	
Total	7,764
<hr/>	

RICHMOND COUNTY.

1st	1,149
<hr/>	

SUMMARY.

Manhattan	80,970
Brooklyn	42,388
Queens	7,764
Richmond	1,149
<hr/>	
Total	132,271
<hr/>	

In the preparation of orders for election day the greatest care was exercised to prevent the placing of names erroneously upon the lists which were furnished to the inspectors of election and to the police department, viz.; Challenge, orders of arrest and warrants. On the challenge lists furnished to the inspectors of election were placed the names of those upon the arrest list and also those for whom warrants had been issued. In addition to these the challenge lists for election day contained the names of those who had registered against whom no positive informa-

tion was procurable which would justify an order for their arrest and yet where there was reasonable ground to believe irregularity existed in connection with their registration. The challenge list for election day was in the following form:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT,

November 7, 1905.

*To the Board of Inspectors of Election of the E. D.
of the A. D. of the County of:*

In accordance with the provisions of section 7 of the Metropolitan Elections District Law, and of section 108, subdivision 1, of the Election Law, I do hereby call upon you as Inspectors of Election and do give each of you notice to challenge each and every person who presents himself to vote on any of the names contained in the following list:

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

The names placed upon the order of arrest lists were of persons who removed from the addresses given at the time of registration between registration days and the day of election and arrests were made only after persons had voted upon such names. Warrants were obtained from the city magistrates' courts on affidavits to the effect that the persons charged had not resided at the addresses given opposite their names at the time of registration, and the crime charged was illegal registration. The order of arrest list and all warrants were placed in the hands of the police department. With the delivery of warrants to the police department of the city of New York this office forwarded, through the Commissioner, to each of the polling places for use by the

police officers detailed to that election district the following notice:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT,

November 7, 1905.

*To the Police Commissioner of the Police Department of the City
of New York, 300 Mulberry Street, Manhattan Borough, New
York City:*

Sir.—Affidavits have been taken in the office of the State Superintendent of Elections for the Metropolitan Elections District and are now in the hands of the Deputy State Superintendent of Elections detailed to the City Magistrates' Court of this District, that the following persons are not qualified to vote from the addresses set opposite such names respectively. After such persons have had full opportunity to cast their votes, should they so elect, and before such persons have left the polling place, I do hereby call upon you to cause each of them to be placed under arrest, and arraigned in the City Magistrates' Court of this District upon the complaint of the Deputy State Superintendent of Elections detailed to said court, providing such persons claim the right to vote from the address set opposite each of said names respectively.

Respectfully,

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

..... Election District, Assembly District,
..... County.

The subjoined tables cover the challenge, order of arrest and warrant lists for election day, 1905, and the details of their operation :

CHALLENGES ORDERED ON ELECTION DAY, 1905.

NEW YORK COUNTY.

Manhattan and Bronx.

ASSEMBLY DISTRICT.	Total number challenges.	Challenged and not voted.	Challenged and voted.
1.....	39	14	25
2.....	114	36	78
3.....	22	12	10
4.....	12	4	8
5.....	23	4	19
6.....	77	24	53
7.....	9	3	6
8.....	5	1	4
9.....	27	5	22
10.....	15	6	9
11.....	24	13	11
12.....	2	.....	2
13.....	7	4	3
14.....	21	8	13
15.....	37	20	17
16.....	1	.....	1
17.....	5	3	2
18.....	23	17	6
19.....	15	13	2
20.....	7	3	4
21.....	5	5	.....
22.....	5	1	4
23.....	7	4	3
24.....	2	1	1
25.....	15	5	10
26.....	4	3	1
27.....	.....	.....	.....
28.....	1	.....	1
29.....	.....	.....	.....
30.....	.....	.....	.....
31.....	6	3	3
32.....	7	5	2
33.....	14	12	2
34.....	4	2	2
35.....	.....	.....	.....
Annexed.....	.....	.....	.....
Total.....	555	231	324

EIGHTH ANNUAL REPORT OF THE
KINGS COUNTY.
Brooklyn.

ASSEMBLY DISTRICT.	Total number challenges.	Challenged and not voted.	Challenged and voted.
1.....	.....	.....	.....
2.....	.....	.....	.....
3.....	2	.....	2
4.....	3	1	2
5.....	3	2	1
6.....	.....	.....	.....
7.....	2	2	.....
8.....	1	1	.....
9.....	1	1	.....
10.....	.....	.....	.....
11.....	.....	.....	.....
12.....	.....	.....	.....
13.....	.....	.....	.....
14.....	4	2	2
15.....	.....	.....	.....
16.....	.....	.....	.....
17.....	.....	.....	.....
18.....	.....	.....	.....
19.....	.....	.....	.....
20.....	.....	.....	.....
21.....	.....	.....	.....
Total.....	16	9	7

QUEENS COUNTY.

ASSEMBLY DISTRICT.	Total number challenges.	Challenged and not voted.	Challenged and voted.
1.....	3	2	1
2.....	.....	.....	.....
3.....	.....	.....	.....
Total.....	3	2	1

SUMMARY.

	Manhattan and Bronx	Brooklyn.	Queens.
Names on challenge lists.....	555	16	3
Challenged and not voted.....	231	9	2
Challenged and voted.....	324	7	1

ARRESTS ORDERED ON ELECTION DAY, 1905.

NEW YORK COUNTY.

Manhattan and Bronx.

ASSEMBLY DISTRICT.	Total number.	Number not appearing at polls.	Number not voted and arrested.	Number voted and arrested.	Number voted and not arrested.
1.....	16	13	1	2	.....
2.....	61	47	1	10	3
3.....	30	29	.....	.....	1
4.....	16	15	.....	.....	1
5.....	43	38	1	1	3
6.....	95	70	2	15	3
7.....	19	19	.....	.....	.....
8.....	5	4	.....	1	.....
9.....	19	16	1	.....	2
10.....	9	9	.....	.....	.....
11.....	34	32	.....	.....	2
12.....	3	3	.....	.....	.....
13.....	11	9	.....	.....	2
14.....	16	13	.....	.....	3
15.....	8	7	1	.....	.....
16.....	1	1	.....	.....	.....
17.....	3	3	.....	.....	.....
18.....	39	36	.....	.....	3
19.....	33	29	.....	1	3
20.....	24	19	2	3	.....
21.....	24	23	.....	1	.....
22.....	11	11	.....	.....	.....
23.....	26	25	.....	.....	.....
24.....	8	7	.....	1	.....
25.....	23	22	.....	1	.....
26.....	1	1	.....	.....	.....
27.....	3	3	.....	.....	.....
28.....	1	1	.....	.....	.....
29.....	5	5	.....	.....	.....
30.....	3	3	.....	.....	.....
31.....	20	20	.....	.....	.....
32.....	26	22	.....	3	1
33.....	20	16	3	.....	1
34.....	26	25	1	.....	.....
35.....	.....	.....	.....	.....	.....
Annexed.....	.....	.....	.....	.....	.....
Total.....	682	596	13	39	34

EIGHTH ANNUAL REPORT OF THE
BROOKLYN.
Kings County.

ASSEMBLY DISTRICT.	Total number.	Number not appearing at polls.	Number not voted and arrested.	Number voted and arrested.	Number voted and not arrested.
1.....	14	14	.....	.....	.....
2.....	30	28	.....	2	.....
3.....	1	.....	.....	1	.....
4.....	3	3	.....	.....	.....
5.....	6	4	.....	2	.....
6.....	.....	.....	.....	.....	.....
7.....	9	9	.....	.....	.....
8.....	8	8	.....	.....	.....
9.....	.....	.....	.....	.....	.....
10.....	4	4	.....	.....	.....
11.....	1	1	.....	.....	.....
12.....	6	6	.....	.....	.....
13.....	1	1	.....	.....	.....
14.....	3	3	.....	.....	.....
15.....	1	1	.....	.....	.....
16.....	3	2	.....	.....	1
17.....	2	2	.....	.....	.....
18.....	4	4	.....	.....	.....
19.....	1	1	.....	.....	.....
20.....	1	1	.....	.....	.....
21.....	4	4	.....	.....	.....
Total.....	102	96	.....	5	1

QUEENS COUNTY.

ASSEMBLY DISTRICT.	Total number.	Number not appearing at polls.	Number not voted and arrested.	Number voted and arrested.	Number voted and not arrested.
1.....	2	2	.....	.....	.....
2.....	.....	.....	.....	.....	.....
3.....	.....	.....	.....	.....	.....
Total.....	2	2	.....	.....	.....

SUMMARY.

Manhattan and Bronx.

Number on arrest lists.....	682
Number not appearing at the polls.....	596
Number not voted and arrested.....	13
Number voted and arrested.....	39
Number voted and not arrested.....	34

Brooklyn.

Number on arrest lists.....	102
Number not appearing at the polls.....	96
Number not voted and arrested.....	.....
Number voted and arrested.....	5
Number voted and not arrested.....	1

Queens.

Number on arrest lists.....	2
Number not appearing at the polls.....	2
Number not voted and arrested.....	
Number voted and arrested.....	
Number voted and not arrested.....	

WARRANTS ISSUED ON ELECTION DAY, 1905.

NEW YORK COUNTY.

Manhattan and Bronx.

ASSEMBLY DISTRICT.	Total number.	Number not appearing at polls.	Number not voted and arrested.	Number voted and arrested.	Number voted and not arrested.
1.....	18	15	1	1	1
2.....	58	49	.....	6	3
3.....	23	21	1	1	.....
4.....	26	19	2	4	1
5.....	22	16	2	3	1
6.....	62	46	5	7	4
7.....	12	10	.....	1	1
8.....	13	10	2	1	.....
9.....	26	19	1	6	.....
10.....	22	18	1	.....	3
11.....	20	17	1	2	.....
12.....	12	4	3	4	1
13.....	4	3	.....	1	.....
14.....	49	37	4	4	4
15.....	26	19	3	3	1
16.....	7	3	3	1	.....
17.....	8	6	1	1	.....
18.....	67	58	3	5	1
19.....	14	11	2	1	.....
20.....	15	10	2	2	1
21.....	24	16	3	2	3
22.....	9	5	.....	4	.....
23.....	19	14	2	3	.....
24.....	4	1	2	.....	1
25.....	9	6	1	2	.....
26.....	6	4	.....	2	.....
27.....	.....	.....	.....	.....	.....
28.....	4	1	1	2	.....
29.....	8	6	1	1	.....
30.....	4	3	1	.....	.....
31.....	9	6	2	.....	1
32.....	19	12	5	2	.....
33.....	11	8	1	2	.....
34.....	8	6	.....	2	.....
35.....	1	1	.....	.....	.....
Annexed.....	.....	.....	.....	.....	.....
Total.....	639	480	56	76	27

KINGS COUNTY.

Brooklyn.

ASSEMBLY DISTRICT.	Total number.	Number not appearing at polls.	Number not voted and arrested.	Number voted and arrested.	Number voted and not arrested.
1.....	5	3	1	1	.....
2.....	5	.....	5	.....	.....
3.....	2	1	1	.....	.....
4.....	7	4	2	1	.....
5.....	2	2	.....	.....	.....
6.....	2	0	2	.....	.....
7.....	3	1	1	1	.....
8.....	2	1	.....	.....	1
9.....	2	2	.....	.....	.....
10.....	2	2	.....	.....	.....
11.....	2	2	.....	.....	.....
12.....	1	1	.....	.....	.....
13.....	3	.....	1	1	1
14.....	6	5	1	.....	.....
15.....	1	1	.....	.....	.....
16.....	3	.....	2	1	.....
17.....	.....	.....	.....	.....	.....
18.....	1	.....	1	.....	.....
19.....	.....	.....	.....	.....	.....
20.....	1	.....	.....	1	.....
21.....	3	.....	1	1	1
Total.....	53	25	18	7	3

WARRANTS ISSUED ON ELECTION DAY, 1905.

SUMMARY.

Manhattan and Bronx.

Number of warrants issued.....	639
Number not appearing at the polls.....	480
Number not voted and arrested.....	56
Number voted and arrested.....	76
Number voted and not arrested.....	27

Brooklyn.

Number of warrants issued.....	53
Number not appearing at the polls.....	25
Number not voted and arrested.....	18
Number voted and arrested.....	7
Number voted and not arrested.....	3

The instructions to deputies for the day of the general election were transmitted to the commissioner of police of the city of New York on November 4, 1905, together with the form for the order of arrest list which appears above. The procedure of this office on election day was outlined to the commissioner of police so that it was possible for him to issue such orders to the members of his command as would tend to avoid friction between the State and local authorities on election day. My letter of transmittal follows:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT,
27 WILLIAM ST., NEW YORK CITY, Nov. 4, 1905.

HON. WILLIAM MCADOO,
Police Commissioner of the City of New York,
300 Mulberry Street, City.

Sir.—I have the honor to transmit to you herewith copy of instructions to deputies for the day of the general election for 1905. I also transmit herewith form of letter which will be in your hands not later than eight o'clock on Monday evening, November 6, 1905, for every election district in the City of New York in which arrests are to be made by the officers of your Department if the names appearing on said list are used or if it is attempted to use them to commit the crime of illegal voting. At your request I shall withhold these lists in districts in which it is possible, with the force of deputies at my command, to have deputies stationed throughout the day at the polling places. The following is a list of names of the deputies assigned to the various courts who will be complainants before Magistrates in their respective districts when a prisoner is arraigned whose name appears on the list which will be forwarded to you. I would request that the police officer who makes the arrest, when he presents his prisoner to be arraigned on the complaint of said

deputies, make affidavit to the fact that the prisoner either voted or attempted to vote, as the case may be.

Your attention is called to the fact that wherever I have received information from your Department that a warrant is issued this office has refrained from applying for warrants. We have, however, in almost every case which has been reported by your Department secured affidavits corroborating and substantiating the facts reported by the members of your command. These affidavits will be in the hands of the deputies assigned to the Magistrates' Courts and will be at the disposal of your Department in presenting the cases to the Magistrates.

I will have also secured warrants for the arrest of persons charged with the crime of illegal registration. These warrants will be delivered at your office on Monday not later than eight p. m. for service at the polls on Election Day.

Envelopes addressed to the inspectors of election in the various election districts and containing inspectors' lists will be in the hands of your Department not later than eight p. m. on Monday, November 6, 1905. I would request that you cause these to be delivered to the inspectors of election at the proper polling places before the opening of the polls.

I would respectfully request that in issuing orders to the members of your command, the orders may be such as to produce a harmony of action between the City and State authorities who are charged with the enforcement of the election statutes. On the other hand, I shall be ready to render any assistance within my power which you may see fit to request.

Respectfully yours,

GEORGE W. MORGAN,

*State Superintendent of Elections for the
Metropolitan Elections District.*

Commissioner McAdoo, under date of Monday, November 6th, replied to my communication as follows:

His letter is quoted in full and is an important document. It has been urged frequently by those who have criticized the establishment of the Metropolitan Elections District that the local

police are fully able to cope with the difficulties of enforcing the election statutes. Commissioner McAdoo's letter clearly points out the absolute helplessness of the municipal police force to safeguard citizens and to protect them in their rights on the days of registration and on election day.

POLICE DEPARTMENT OF THE CITY OF NEW YORK,
300 MULBERRY STREET. November 6, 1905.

HON. GEORGE W. MORGAN,
State Superintendent of Elections,
27 William Street, New York City.

Dear Sir.—I beg to acknowledge the receipt of your letter of November 4, 1905, the contents of which have been duly noted. I write you now with special reference to the list of persons who it is declared under oath will not be qualified to vote on November 7, 1905, from the addresses set opposite their names and whom you call upon the police to arrest if they present themselves to vote; and also with regard to the warrants for the arrest of persons charged with illegal registration that you will forward to this Department for execution.

While I desire to place before you clearly the conditions that impel me to communicate with you at this time, I want to say at the outset that I am not in any way protesting against the work, or any part of it, that you propose, as described, to assign to this Department. I simply want to put you in an intelligent position to appreciate the demands upon this Department on the coming Election Day, in order that I may appeal to you to relieve the police, so far as you consistently can, of the duty of making arrests from these lists.

This year there are 398 more polling places than there were last year and the estimated effective number of patrolmen available for Election Day this year is only 375 in excess of the effective force on duty last year. When you consider that the law requires me to assign two patrolmen to each polling place, and that even last year the force was taxed to the utmost, you can see that the addition of these 398 polling places puts a

severe strain upon the Department, not to mention the fact that we are probably justified in expecting more turbulence and disquiet generally in a year when the main issues are local, as they are this year.

To cover the polling places and relieve the officers to vote, to provide for a slender patrol force in the streets and the minimum number of men for absolutely necessary plain clothes duty, to make the required court assignments for the day (allowing for sick list, etc.), makes a total force for active duty that leaves a reserve of only 1,138, which I consider pretty close to the line beyond which there would be absolute danger. These men will be reinforced at intervals after 4. p. m. by the men used during the day for relieving to vote, and by those who have been at the courts; but as soon as the crowds begin to gather in the streets and about the bulletin boards, this increased reserve will be rapidly depleted. By section 109 of the Election Law, every police officer is entitled to two hours leave for the purpose of voting. While in some cases this length of time will not be required, in the majority of instances, probably, the leaves for this purpose will consume the maximum of time allowed.

Under the circumstances the police work of every description at the polls will in most cases devolve upon the two officers at the polling place, although at certain polling places there will be more than two patrolmen. If an arrest is necessary, one of these two officers must leave the polling place with the prisoner, and should other arrests be made before his return (which may be seriously delayed), the one remaining officer must charge himself with making them, as well as with holding in custody whatever prisoners he may make (and he may make several arrests within a short time), with preserving the peace, with maintaining order and the like miscellaneous police duty. You will understand the desirability of relieving the police, so far as they can lawfully and properly be relieved, of the necessity for being away from the polling places or of being encumbered or embarrassed in their duty thereat. So much aid as you and your deputies can properly give by assuming the duty of making arrests in cases wherein your Department will be complainant, I shall be thankful for.

I note from your letter that you can put deputies in some of the polling places, to whom your "Arrest Lists" will be delivered by you, and who will make necessary arrests therefrom. I understand also from Mr. Blot that in such districts prisoners arrested upon warrants secured by your Department may be given into the custody of such deputies by the police, for arraignment in court. May I make a suggestion in connection with this work? A number of your deputies I understand from the copy of instructions to deputies which you have sent me, will be assigned to visit polling places, each man being given a certain number of places to visit. It is probable, therefore, that most of the time of these deputies will be spent in one polling place or another, and it is not improbable that they will often happen to be in a polling place when an arrest is made in which your Department is to appear as complainant. Would it be inequitable if I should instruct officers of this Department that when a Deputy State Superintendent is present, such a prisoner shall be turned over to him for arraignment, and you should instruct your deputies to receive such prisoners from the police and arraign them in court?

My whole object in writing you as I have is to say to you that while this Department stands ready and willing to do its full duty I believe that you will agree with me that the interests of this Department, your Department, and the public at large will be furthered if the police can lawfully, properly and consistently be aided by being relieved of a certain amount of the work involved in making arrests and arraigning prisoners on Election Day.

In any case, I shall be obliged if you will let me know what you have decided to do in regard to the suggestions, so that I may, if necessary, properly advise the commanding officers of this Department.

Respectfully,

WILLIAM McADOO,

Police Commissioner.

The following printed instructions were handed to all deputies appointed under section 4 of the Metropolitan Elections District Law. These deputies are nominated by the two political parties and are permitted to be inside the guard-rail.

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS,
FOR THE METROPOLITAN ELECTIONS DISTRICT,

NEW YORK, *November 6, 1905.*

INSTRUCTIONS TO DEPUTIES FOR THE DAY OF THE GENERAL ELECTION, 1905.

Deputes shall report at the polling place appearing first upon their lists at 5:30 a. m. on November 7, 1905. They will take with them to the polling places their certificates of appointment and show them at any time when properly called upon to exhibit the same. They will also take with them their copies of the General Election Law. Upon their arrival at the polling place appearing first upon their lists the deputies shall pin their shields upon the outsides of their coats in a conspicuous place, where the shields are to remain until the entire vote has been canvassed in all of the polling places appearing on their lists and the returns signed.

Deputies shall first inquire of the inspectors of election whether said inspectors have been furnished with lists from the State Superintendent of Elections and enter their answer thereto in their memorandum books. If the lists have not been received a report to that effect shall be immediately made by telephone (6200 Broad) to the office of the State Superintendent of Elections. They shall also make entry in their memorandum books of the shield number of the police officer or officers in attendance at each polling place visited, the address of the polling place, the election district, the assembly district, the county and the time at which such visit was made. They shall ask the watchers on duty inside the guard rail whether they have any facts in relation to the proceedings of the Board of Inspectors which

they desire to have reported to the State Superintendent of Elections. All complaints received shall be immediately telephoned (6200 Broad) to the main office. Deputies, after satisfying themselves that the polling of the vote is proceeding according to law at the polling place appearing first upon their lists, shall proceed to the polling place appearing next in order on the lists furnished them and so on until each place upon their lists has been visited, when they shall return to the polling place appearing first upon the lists and repeat the tours. Such tours shall be continued until the close of the canvass of the votes and the signing and delivery of the official returns by the inspectors of election.

Deputies are instructed to report complaints and all matter requiring attention immediately by telephone to the main office.

The following provisions of the Election Law are called especially to the attention of the deputies and they are to see that such provisions of law are strictly complied with.

PERSONS WITHIN THE GUARD-RAIL.—The following persons and no others are to be permitted within the guard-rail from the opening of the polls until the signing of the official returns after the completion of the canvass of the votes: Inspectors of election, poll clerks, ballot clerks, duly authorized watchers, persons admitted by the inspectors to preserve order or enforce the law, persons duly admitted for the purpose of voting, the Superintendent of Elections and his deputies. After the closing of the polls, and when the canvassing of the votes has begun, candidates for public office voted for at such polling place may be present at the canvass of the votes. There shall not at any time be within such guard-rail more than twice as many electors as there are voting booths thereat, in addition to the persons lawfully within such guard-rail for other purposes than voting.

WATCHERS.—Each political party or independent body which is represented by an emblem on the official ballot is entitled to have two watchers, when duly appointed, present at the polling place, and within the guard-rail, from at least fifteen minutes before the ballot boxes are unlocked and examined before the polls are opened until after the result of the canvass of votes has been announced and the statements of canvass signed by the inspectors of election.

CHALLENGERS.—A reasonable number of challengers shall be permitted to remain just outside the guard-rail where they can plainly see what is done within such rail outside the voting booths, from the opening to the closing of the polls. (See § 102 General Election Law.)

CHALLENGES.—A person presenting himself to vote may be challenged either when he applies to the ballot clerk for official ballots, or when he offers to an inspector the ballots he intends to vote, or previously by notice to that effect to an inspector by an elector. It shall be the duty of each inspector to challenge every person offering to vote, whom he shall know or suspect not to be duly qualified as an elector, and every person whose right to register as an elector was challenged at the time of registration, providing such challenge has not previously been withdrawn. In the Metropolitan Elections District it is necessary that an elector when challenged shall have administered to him by the chairman or some member of the board the preliminary oath prescribed in subdivision 1 of section 108 of the Election Law and to have read to such applicant by a member of the board each question upon the copy of the challenge affidavit signed at the time of registration by the person upon whose name the applicant desires to vote, and the inspectors and watchers shall compare the answers given with the answers on the challenge affidavit and also compare the description of the person registered and challenged with the person applying to vote. If the comparisons thus made reveal any material differences, or if the applicant refuses to answer any of the questions or refuses to make oath, his vote shall not be received. Before such applicant shall be permitted to cast his vote, if the challenge be not withdrawn, the inspectors shall administer to him the general oath contained in subdivision 2 of section 108 of the Election Law.

CLOSING OF POLLS.—Section 3 of the General Election Law provides that "The closing of the polls shall be deemed to mean the close of the delivery of official ballots to electors, and the electors entitled to vote who have lawfully begun the act of voting before the time fixed for the close of the polls shall be allowed to complete the act." No ballot can be given to any elector after five o'clock p. m.

CANVASS OF VOTES.—The attention of deputies is directed to section 110 of the Election Law which provides the manner in which the vote is to be canvassed by the inspectors after the closing of polls. In subdivision 3 of said section it is provided that “If requested by any watcher the inspectors shall, during the canvass, exhibit any and all ballots cast at such election * * * to such watcher, fully opened, and in such a condition that he may fully and carefully read and examine the same, but such inspector shall not allow any such ballots to be taken from his hand.” It is a felony for any person to mark, tear or deface any ballot with the intention to cause such ballot to be rejected as void.

After the signing and delivery of all the official returns by the inspectors of election at all the places on the deputies’ lists the deputies shall report that fact by telephone (6200 Broad).

Deputies are warned that they are not to engage in partisan political work of any sort. They are charged with a nonpartisan enforcement of the election statutes to which they will be held to a strict accountability. They must be courteous in their treatment of election officers and citizens.

Deputies assigned to polling places may leave their tours to cast their votes but no tour shall be left before 11 a. m. nor after 12.30 p. m. The time of leaving their tours for voting shall be entered in their memorandum books and also the time of their return.

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

By LEWIS M. SWASEY,
Chief Deputy.

In response to the request of Police Commissioner McAdoo, contained in his letter of November 6, 1905, supplemental instructions to deputies were issued as follows:

STATE OF NEW YORK.

**OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT.**

**AMENDED INSTRUCTIONS TO ALL DEPUTIES FOR THE
GENERAL ELECTION OF 1905.**

Deputies will carefully observe the following amendments to their instructions:

If a police officer has placed under arrest a person who presented himself to vote and the vote or the attempt to vote was made in the presence of the deputy as well as that of the police officer, if the police officer so requests the deputy he shall take the prisoner to the Magistrates' Court of the district in which the crime was committed and turn him over to the Deputy State Superintendent of Elections detailed to the Magistrates' Court.

On account of the great demands which will be made upon the telephone number 6200 Broad, deputies are requested instead of using this number to call number 6409 Broad.

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

BY LEWIS M. SWASEY,
Chief Deputy.

Dated, November 6, 1905.

The duty of preserving order in and about the polling place but outside the guard-rail, was entrusted to deputies appointed under section 5 of the Metropolitan Elections District Law. The instructions which they received for election day follow:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS FOR THE METROPOLITAN ELECTIONS DISTRICT.

INSTRUCTIONS TO DEPUTIES APPOINTED UNDER SECTION 5 OF THE METROPOLITAN ELECTIONS DISTRICT LAW (SPECIAL DEPUTIES) FOR THE GENERAL ELECTION OF 1905.

Deputies appointed under section 5 of the Metropolitan Elections District Law are not permitted to be inside the guard-rail at the polls unless requested by the Board of Inspectors for the purpose of preserving order. They have the same rights and powers which all peace officers possess and are charged with the duty of enforcing the election statutes, preserving order and making arrests for violation of the law relating to the elective franchise. These deputies will pay special attention to the lines of electors in and about the polling places and see that no disorder of any sort is permitted. They will co-operate to the fullest extent with the members of the Police Department in preserving the peace in and about the polling places. They shall immediately communicate with the main office (telephone 6200 Broad) any threatened disturbance of the peace or any collecting of crowds or loitering within one hundred feet of the polling place.

Deputies will pin their shields on the outside of their coats where they are to remain until the canvass of the votes has been completed and all the official returns signed by the inspectors and delivered. They will have with them their certificates of appointment and display them upon any proper request so to do. Deputies will be courteous in the performance of their duty, but any disorder of any sort within one hundred feet of the polling place must be immediately suppressed, even if arrests are necessary to accomplish this purpose.

Partisan political work of any sort while on duty constitutes a violation of your oath of office and will be summarily dealt with. Deputies may leave their assignments for the purpose of voting, but no deputy shall leave his assignment before the hour of 12.30 p. m. nor after the hour of 2 p. m.

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

BY LEWIS M. SWASEY,
Chief Deputy.

November 7, 1905.

Chapter 689 of the Laws of 1905 authorized the Superintendent of Elections for the Metropolitan District, his chief deputy, and not more than ten deputies, duly authorized by the Superintendent for that purpose under his hand and seal of office to administer oaths and affirmations in the taking of depositions and affidavits in connection with matters pertaining to the elective franchise. The law says further: "Any person who shall make any false statement under oath before the State Superintendent, his deputy or other deputy authorized to take oaths as herein provided is guilty of a felony."

In compliance with this provision of the law I appointed ten attorneys-at-law as Deputy Superintendents of Election and under my hand and seal gave them the legal authorization to administer oaths and conduct the examination of witnesses. The deputies thus authorized to conduct examinations into matters connected with the elective franchise are Emil E. Fuchs, James G. Stevenson, Jesse Fuller, Jr., Sumner S. Bowman, George Hiram Mann, Thomas Garrett, Jr., Charles W. McCandless, Charles E. Rice, Jr., Harry D. Tyler and Pliny W. Williamson. Messrs. Fuchs and Stevenson were assistants in this office before the passage of the law of 1905.

This staff of attorneys has proved a valuable factor in the successful prosecution of the year's work. The total number of subpoenas issued was 4,861, all of which were served with the exception of 229. The examinations under oath conducted after the summoning of witnesses to this office resulted in receiving information which led to the placing of many names on the challenge lists and to arrests and convictions. The violation of the provision making him guilty of a felony who makes any false statement under oath before the Superintendent, Chief Deputy or any of the ten deputies named has resulted already in four indictments, two of which have been tried and convictions secured.

As an experiment this year the proprietors of a large proportion of the lodging houses in Manhattan were summoned to this office with their books to be examined as to all persons who claimed voting residences from their places. These examinations took the place of the usual filing of formal reports from these lodging houses. The results appear later in tabulated form.

With the lodging houses and hotels in the other boroughs of the city of New York, the same system was followed which had been pursued in the two previous years. Blank forms for preliminary reports were sent out on August 10th in districts having a summer population and to hotels which relinquish their liquor tax certificates before election day.

All the names appearing on these reports were investigated prior to the sending out of blanks for the final reports which were returnable on October 9th. Only names furnished by the October reports were thus left for investigation during the rush of the later days. The activity of the deputies in these hotel and lodging-house investigations, following the efforts last year along the same line resulted in a large shrinkage of the hotel and lodging-house vote, not only as compared with previous

years, but as compared with 1904, when it was made apparent that the work of this office had reduced this vote to proportions much nearer the normal than in the days when lodging houses and a certain class of hotels were hotbeds for the colonization of illegal voters. This shrinkage is best shown in the series of tables which follow. It may be traced out in detail in the tabulated reports received from the hotels and lodging houses which form a part of the appendix to this report. These tables show:

I. A substantial decrease in the hotel and lodging-house vote cast in 1905 as compared with 1904.

II. A decrease in the percentage of those who registered and voted in 1905 as compared with those who voted after registering in 1904.

III. As compared with the registration in the city of New York and the total vote in 1904 and 1905 the lodging-house and hotel vote which was much less than the average for the entire city in 1904 was still further reduced in 1905. The colonization in the Bowery lodging houses, formerly one of the most glaring evils in connection with frauds at election, this year was strikingly reduced, the vote in the sixth assembly district from these places falling off 182 from 1904, though the interest in the campaign, especially in that part of the city which includes the Bowery, was not behind that of the presidential year. The decrease in the Bowery lodging-house vote this year, as compared with 1904, amounted to 12 per cent.

Following is a summary by counties and assembly districts of the lodging-house and hotel registration and vote in the boroughs of Manhattan, the Bronx and Brooklyn, with comparisons with the figures of 1904 and also the summaries compiled from the reports of hotel proprietors in Queens and Richmond.

MANHATTAN AND BRONX.

NEW YORK COUNTY.

Lodging-House Vote.

ASSEMBLY DISTRICT.	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
1.....	98	85	91	86
2.....	743	676	788	734
3.....	201	176	277	260
5.....	36	28	70	65
6.....	1,466	1,346	1,814	1,528
7.....	41	35	47	44
8.....	12	12	12	12
9.....	48	37	63	57
11.....	2	2	2	2
13.....	70	67	80	58
14.....	5	5	3	3
16.....	.....	.....	52	50
18.....	292	248	307	278
20.....	142	131	174	166
22.....	25	21	50	42
24.....	61	53	53	49
27.....	.....	.....	15	14
34.....	140	115	198	170
Total.....	3,382	3,077	4,096	3,618

NEW YORK COUNTY.

Hotel Vote.

ASSEMBLY DISTRICT.	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
1.....	287	273	387	287
2.....	499	481	589	563
3.....	167	148	204	201
4.....	33	32	36	33
5.....	174	166	260	270
6.....	453	439	372	368
7.....	191	188	235	222
8.....	103	103	124	120
9.....	223	216	268	266
10.....	70	66	98	93
11.....	114	113	136	135
12.....	50	41	15	15
13.....	131	126	154	145
14.....	53	52	62	61
15.....	100	93	134	129
16.....	9	8	13	13
17.....	77	72	133	133
18.....	133	130	129	126
19.....	283	277	537	528
20.....	189	175	221	219
21.....	105	98	188	175
22.....	87	86	138	136
23.....	188	178	201	184
24.....	48	47	97	93
25.....	459	438	595	563
26.....	63	62	63	59
27.....	397	368	535	505
28.....	19	19	19	19
29.....	145	139	255	252
30.....	45	41	38	37
31.....	92	89	209	197
32.....	50	49	69	68
33.....	49	48	28	27
34.....	217	205	204	193
35.....	280	263	376	358
Annexed.....	87	83	103	102
Total.....	5,675	5,412	7,255	6,895

BROOKLYN.

KINGS COUNTY.

Lodging-House Vote.

ASSEMBLY DISTRICT.	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
1.....	192	171	241	217
2.....	427	389	548	509
3.....	25	25	30	29
4.....	11	9	12	8
5.....	182	175	172	129
6.....	7	4	.....	.....
7.....	16	14	18	14
8.....	9	5	8	8
9.....	11	10	26	23
10.....	71	66	124	115
11.....				
12.....				
13.....				
14.....				
15.....				
Total.....	951	868	1,179	1,052

KINGS COUNTY.

Hotel Vote.

ASSEMBLY DISTRICT.	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
1.....	92	87	281	216
2.....	102	99	157	145
3.....	17	15	30	30
4.....	46	44	62	57
5.....	74	69	60	56
6.....	36	27	36	35
7.....	392	362	456	429
8.....	.....	.....	5	5
9.....	34	32	38	36
10.....	12	11	23	22
11.....	34	33	48	45
12.....	55	46	77	69
13.....	28	16	50	50
14.....	101	89	133	128
15.....	43	43	54	53
16.....	17	16	27	25
17.....	13	13	18	18
18.....	111	103	126	120
19.....	39	32	42	38
20.....	32	30	39	36
21.....	105	103	122	117
Total.....	1,383	1,270	1,884	1,730

QUEENS COUNTY.

Hotel Vote.

ASSEMBLY DISTRICT.	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
1.....	307	288	273	262
2.....	250	241	209	203
3.....	180	174	144	136
Total.....	735	703	626	601

RICHMOND COUNTY.

Hotel Vote.

ASSEMBLY DISTRICT.	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
1.....	272	264	.....	.....

RECAPITULATION.

Hotel and Lodging-House Vote.

	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
Manhattan and Bronx lodging-houses.....	3,382	3,077	4,096	3,618
Manhattan and Bronx hotels.....	5,675	5,412	7,255	6,815
Brooklyn lodging-houses.....	951	868	1,179	1,052
Brooklyn hotels.....	1,383	1,270	1,884	1,730
Total.....	11,391	10,627	14,414	13,295

Decrease in registration.....	3,023
Decrease in vote.....	2,668

PERCENTAGE TABLE.

	1905.		1904.	
	Registration.	Vote.	Registration.	Vote.
	<i>Per cent.</i>	<i>Per cent.</i>	<i>Per cent.</i>	<i>Per cent.</i>
Manhattan and Bronx lodging-houses.....	81.44	82.80	100	100
Manhattan and Bronx hotels.....	78.22	78.49	100	100
Brooklyn lodging-houses.....	80.66	82.50	100	100
Brooklyn hotels.....	73.40	79.69	100	100

PERCENTAGE OF DECREASE 1905 FROM 1904.

	Registration.	Vote.
Manhattan and Bronx lodging-houses.....	18.56	17.20
Manhattan and Bronx hotels.....	21.78	21.51
Brooklyn lodging-houses.....	19.34	17.50
Brooklyn hotels.....	26.60	20.31

COMPARATIVE TABLE.

	1905.	1904.
Claimed residences in lodging-houses and hotels.....	17,951	19,412
Hotel and lodging-house vote.....	10,627	13,295
Percentage of vote cast by those claiming residences.....	59.20	68.48
Percentage of registered lodging-house and hotel vote cast.....	93.29	92.39
Percentage of registered vote cast in New York city.....	95.59	95.19

It is not possible to measure the effect of the preventive work of this office. Deductions may be drawn from the small percentage of persons who appear at the polls and are apprehended as compared with the number whose arrest is ordered if they do appear. Inference may be drawn also from the falling off in the hotel and lodging-house vote as compared with the number of persons who claim a voting residence from these premises. The large percentage of persons to be challenged who do not appear is also a matter for speculation as to how much may be attributed to the fact that the name appears upon our list. The results which are apparent and which speak for themselves are to be found in the criminal prosecutions, a synopsis of which follows:

The number of arrests recorded in the books of this office during the year 1905 is 610. This number includes one arrest made on June 3d for illegal voting in 1904; 24 arrests on the days of registration; 31 arrests between the last day of registration and election day; 516 arrests on election day, and 38 arrests subsequent to election day. These cases have been disposed of by the courts to date as follows:

Total arrests to December 31, 1905.....	610
Held by magistrates for further examination.....	105
Held for grand jury.....	70
Magistrates' bonds forfeited.....	7

STATE SUPERINTENDENT OF ELECTIONS. 63

*Number of persons indicted.....	79
*Number of indictments found.....	98
Bail forfeited after indictment.....	3
†Convictions	19
Acquittals	3
Disagreements of jury.....	1
Cases pending	41
Bench warrants issued.....	60
Bench warrants unserved.....	21

CASES IN WHICH BAIL WAS FORFEITED.

Walter Cushman	\$500
John Totten	1,000
John Krup	5,000
Edward Milan	11,000
Edward McGinnis	500
William Casey	500
Thomas Hardin	500
Joseph Wallace	500
Benjamin Thompson	500
Joseph Mullane	500
Joseph O'Brien	1,000

Total **\$21,500**

* In some instances cases were presented to grand jury without preliminary examination before a magistrate.

† In addition to the above cases, four convictions were secured in cases pending at the time of my last annual report, involving violations of the election law at the general election of 1904, and one defendant was discharged on his own recognizance after spending four months in the city prison for lack of a bondsman.

A detailed discussion of all the cases which are in this office as a result of the work of the past year would take an amount of space which is hardly available. A short statement of fact is set forth, however, of the cases already disposed of and mention is made of three other cases, two of which have attracted much attention in the press because substantial bail has been forfeited and the defendants are now fugitives. The Mulligan case is a case where the testimony shows one of the methods in general use to pad the registry rolls.

PEOPLE V. THOMAS McCABE.

Thomas McCabe, who pleaded guilty after indictment to illegal voting, was sentenced to one year in the penitentiary on Blackwells' Island. McCabe lived at 219 West 66th street, in the twelfth election district of the nineteenth assembly district. After voting under his own name he entered the polling place a second time and attempted to vote under the name of Thomas Connors. He was arrested and made a confession implicating another man, who, he said, induced him to attempt to vote fraudulently.

PEOPLE V. GEORGE KINGSBURY.

George Kingsbury, who was indicted for illegal registration, pleaded guilty and was released under a suspension of sentence. He lived in the thirty-fourth election district of the eighteenth assembly district of Kings county and registered in the thirty-first election district of the same assembly district. He was arrested and held under \$500 bail until his case was decided in the Kings county court.

PEOPLE V. JOHN McCULLAGH.

John McCullagh, who was sentenced to one year in the Kings county penitentiary for illegal voting, pleaded guilty and said he was under the influence of liquor when he voted a second time. He lived in the eighth election district of the fifth assembly district of Kings county, and after voting there on his own name he went to the polling place in the seventh election district and voted on the name of John McArdle.

PEOPLE V. FRANCISCO DEPALMA.

Francisco DePalma, who was sentenced to two years and six months in Sing Sing prison, was convicted in the Kings county court for illegal registration. He registered from 494 Carroll street in the eleventh election district of the eighth assembly district of Kings county, and did not live there. His lawyer pleaded for him in court that he was "intensely stupid" but this did not save him from the sentence which he is now serving.

PEOPLE V. RICHARD WEST.

Richard West, who was sentenced to three years and two months in Sing Sing prison, was caught red-handed in the act of depositing a ballot given him in the twelfth election district of the fourteenth assembly district of New York county, where he represented himself as Daniel Moore. West lived at 200 First avenue in the eighteenth assembly district and voted there. Moore was registered in the adjoining district and had not voted. An hour and a half before West appeared another "repeater" presented himself and asked for a ballot under the name of Daniel Moore. A man in the polling place shouted, "You're not Moore!"

and the first " repeater " ran out. Then West was sent in for the same purpose. When he was challenged he tore up the ballot he carried in his hand. He gave the name of Richard Welsh when arrested, but his right name is West. He pleaded guilty to a charge of burglary in 1897, and was released under suspension of sentence.

PEOPLE V. ALBERT FARRAR.

Albert Farrar, who pleaded guilty and was sentenced to one year in the penitentiary on Blackwell's Island, was arrested after he had attempted to vote in the ninth assembly district, New York county, on the name of John Rockefeller, Jr. Farrar said in his confession to the deputy that he was approached by John Rockefeller, Sr., who was a Republican captain in the ninth district and who promised him \$10 if he would vote for Ivins for mayor on the name of his son John. Two other sons of Rockefeller were in the polling place, one a ballot clerk and another an inspector. There was a protest when Farrar gave his name as John Rockefeller, and the prisoner ran from the place pursued by a deputy. He was arested and brought to this office where he made his statement. The man whom he accused of promising him money to vote fraudulently was indicted, but he fled and has not yet been captured.

PEOPLE V. BARTHOLOMEW WALLACE.

Bartholomew Wallace, a youth who lived with his parents at 245 East 45th street, pleaded guilty to illegal voting and was sentenced to the Elmira Reformatory. It was his first experience on election day, he said in his confession to the deputies, and when he was told to present himself at the polling place in

the first election district of the twenty-second assembly district and vote on another man's name he agreed without hesitation.

PEOPLE V. JOHN LAWLOR.

John Lawlor, a typical "repeater," was convicted of attempted illegal voting and sentenced to one year in the Kings' County penitentiary. He presented himself at the polling place in the first election district of the first assembly district of Kings county and tried to vote on the name of Robert Leahy of 76 Fulton street. Leahy was known to the inspectors and Lawlor was promptly arrested.

PEOPLE V. JOHN DOHERTY.

John Doherty, who pleaded guilty to neglect of duty, was a member of the board of election inspectors in the second election district of the second assembly district of Kings county. He is awaiting sentence. All the members of the board were arrested and indicted as the result of gross and apparently fraudulent errors and discrepancies shown in their statement of canvass and tally sheets. One inspector was acquitted after a trial, another was tried and the jury disagreed and the fourth member of the board, on his showing that his appointment was made only the day before election and he had not been instructed in his duties, was discharged by the court.

PEOPLE V. JOSEPH WATERMEYER.

Joseph Watermeyer, who pleaded guilty to illegal registration, is awaiting sentence. He registered from 98 Maujer street in the twenty-third election district of the thirteenth assembly dis-

tract of Kings county, and said he had been fourteen months in the State. When he was arrested he admitted that he had moved to this State from Pennsylvania only eight months before. He said he had not voted before since 1895, and that he had no intention of voting this year. He was induced to register, he said, through the appeal of a friend who told him there was nothing to fear.

PEOPLE V. MCKENNA AND WHITE.

The cases of Bernard McKenna and John White, awaiting sentence in the Kings county jail after pleading guilty to illegal registration, are typical of many other attempts at illegal voting which this office is constantly investigating. The political leader of the neighborhood, sometimes, as in these cases, the proprietor of the corner saloon, uses his influence over the shiftless and friendless men whom he has perhaps done small favors for during the year and urges them to register in his election district with entire disregard to their voting or residential qualifications. He promises to "see them through" if trouble comes, a promise usually more honored in the breach than in the observance, and assures them that their vote will go in unquestioned. Young men who compose the gangs of "floaters" and "repeaters" which are used on election day to vote fraudulently on the names of qualified registered voters usually begin their career as election violators in the way in which White and McKenna did.

McKenna, who was 20 years old only, was a loungee in ex-Assemblyman Cahill's saloon at 413 Henry street, Brooklyn. White had been a porter and "free lunch man" in the same saloon a year before. Cahill voted White in 1904 and then dis-

charged him. During the year White often begged for permission to sleep in a vacant room over the saloon but was invariably refused and walked the streets all night instead. The saloon-keeper induced both men to register from his saloon this year, though the housekeeper of the building testified on the trial that in the room over the liquor store there was never more furniture than a bed frame without mattress or bedding, and that she never saw either White or McKenna in the room. McKenna admitted that he lived with his family on Pacific street and White confessed that he had not slept in the saloon building at 413 Henry street.

PEOPLE V. HALLE AND BRENNAN.

Thomas Halle, of 53 Bedford street, and Thomas D. Brennan, of 698 Greenwich street, both laborers, were arrested in the third assembly district after voting illegally, pleaded guilty and each was sentenced to from one year and ten months to three years and six months in Sing Sing prison. Halle voted on the name of Thomas Hall, 38 Downing street, in the fourteenth election district, and Brennan on the name of Thomas Kennedy, 442 Hudson street. These men were "floaters" or "repeaters," known in the parlance of the election violators as "tin soldiers" or "guerillas." They were furnished with slips of paper containing the names and addresses of qualified voters and promised a certain amount of money for each fraudulent vote they cast successfully.

Lawyers for the criminals made the plea that the men were drunk and irresponsible when they voted illegally. Justice Davy, who sentenced them in the Supreme Court, Criminal Term, ignored the plea, saying: "If that excuse held good, every one charged with election offenses could make the same defense."

PEOPLE V. JAMES J. CAHILL.

Ex-Assemblyman James J. Cahill, who represented the third district of Kings in the legislative sessions of 1891, 1892, 1893 and 1894, was indicted for illegal registration, abetting illegal registration and perjury, and was convicted in the Kings County Court and sentenced to two years in Sing Sing prison. Two men whom he induced to register from his saloon at 413 Henry street, Brooklyn, were indicted for illegal registration, pleaded guilty and are now awaiting sentence. They appeared as witnesses against the Ex-Assemblyman on his trial. Cahill was defended in court by the borough president of Brooklyn.

Cahill made affidavit when examined in this office that he had slept in 413 Henry street for the two months preceding election. His home is elsewhere. He swore that John White and Bernard McKenna had slept in a room over the saloon every night for several months up to election. McKenna is only 20 years old and lived at 56 Pacific street. White, who had formerly been a porter in Cahill's saloon, had no home and frequently walked the streets at night for want of a bed. White voted from Cahill's place in 1904, was discharged after election and did not sleep in Cahill's place after that, though he often begged a bed from the saloon-keeper and was invariably refused.

In the defense of Cahill on the trial, the constitutional right of the Superintendent of Elections and the deputies authorized and empowered by him to take oaths under the provisions of the Metropolitan Elections Law and the amendments adopted by the Legislature in 1905 and signed by the Governor was bitterly assailed. The court ruled out every objection on this line and sustained the contention of the Attorney-General and the letter

and the spirit of the law on every point raised. An appeal from Cahill's conviction is now pending.

PEOPLE V. JACOB GRUFT.

Jacob Gruft, 23 years old, pleaded guilty to illegal voting and was sentenced to the Elmira Reformatory. In his confession to the deputies Gruft said he came to New York from Utica three days before election and was "picked up" on the Bowery and given a \$2 bill to vote under the name of George Ackerman, giving his residence a Bowery lodging house in the second election district of the sixth assembly district, New York county. Gruft's story about coming from up the State was false. He is an East Side boy. He told that a lieutenant of a prominent East Side district leader induced him to vote and gave him the bribe money. This man keeps a saloon on the Bowery and is said to be a pool-room keeper also. After Gruft was in the Tombs no one visited him and no bail was furnished for him. He was friendless, and those who were responsible for his crime left him to his fate. It was impossible to get a witness who would corroborate Gruft's confession against the Bowery saloon-keeper and he was not arrested.

PEOPLE V. JOSEPH O'BRIEN.

Joseph O'Brien, who was sentenced to three years and two months in Sing Sing prison, was an ex-convict whose real name is McGarrity. He lived with his sister at 296 Henry street in the seventeenth election district of the fourth assembly district of New York county and was disqualified from voting by reason of his previous conviction. He registered on the last day of registration in the eighth election district of the fourth assembly

district, Manhattan, as William Gallagher of 259 South street and then proceeded to the ninth election district of the same assembly district where he registered as Joseph O'Brien of 82 Jefferson street. Investigation by the deputies resulted in his arrest on October 20th. He was held for the action of the grand jury in the Magistrates' Court and on the morning of the day in which he was indicted for illegal registration a bond for \$1,000 was given for his appearance and he was released. He immediately fled. After several weeks he was found by the same deputies who had first arrested him and taken again into custody on a bench warrant. He pleaded guilty to illegal registration and is now serving his sentence.

PEOPLE V. EDWARD MEAD.

Edward Mead, of 92 Barrow street, in the fifth assembly district, New York county, who was sentenced to Sing Sing for not less than two years and not more than three years and six months, voted on his own name and then tried to vote on the names of others given him by the person in charge of a gang of "repeaters." He gave the name of John F. Foley, 119 Waverly place, which trapped him, the real Foley's address being at 119 Washington place. The police gave him a criminal record and Justice Davy in the Supreme Court, Criminal Term, when imposing sentence, dwelt upon the gravity of the charge and declared that violations of the Election Law were deserving of the severest penalties. Mead pleaded guilty and is now serving his sentence.

PEOPLE V. SAMUEL K. ELLENBOGEN.

Samuel K. Ellenbogen, a city marshal appointed by the mayor under the present administration, and a politician of influence and prominence in the second assembly district, New York county, was indicted and convicted of perjury in making a false affidavit regarding two men whom he had induced to register in the election district of which he was captain. The charge was made as a result of Ellenbogen's examination in this office where he appeared voluntarily. He was sentenced by Justice Davy, Supreme Court, Criminal Term, to serve an indeterminate sentence of not less than two years nor more than four years and six months in Sing Sing prison.

Ellenbogen's tools in this case were Barnett and Jacob Mendelson, father and son, who lived at 62 Rutgers street in the eighth election district of the fourth assembly district. They went to Ellenbogen to obtain his influence in getting the release of a minor Mendelson from Randall's Island. Ellenbogen told them if they would register in his election district, the eighteenth of the second assembly, he would set about obtaining the younger Mendelson's release. He told them to give 55 Mott street as a residence.

Investigation of the registry list by the deputies brought out the fact that the Mendelsons, a large family, lived in four rooms on the top floor of 62 Rutgers street. The father and son subpoenaed before the Superintendent admitted this and that they had registered illegally. While the Mendelsons were in one room in this office Ellenbogen appeared voluntarily and declared that he knew they lived at 55 Mott street. He said he had just left that address and had seen father and son asleep

there. His declaration was placed in an affidavit to which he swore and he was arrested.

PEOPLE V. JOHN KRUP, ALIAS JAMES HALPIN.

Halpin was a truck driver living in an adjoining district whose election day activities always had been confined to the eighteenth assembly district, New York county. In the neighborhood of the second election district where he was arrested he was always to be seen on primary and election days. His reputation was that of a "repeater." He had no permanent address nor permanent employment. On election day, November 7th, he appeared in the polling place of the second election district of the eighteenth assembly district and attempted to vote under the name of John Karp. Halpin was challenged before he had been able to give the correct pronunciation or spelling of the name he claimed as his own. The inspectors of election were warned not to accept his vote. He finally, with the assistance of the inspectors managed to spell out "K-r-u-p" and after voting was arrested. He was held in the Magistrates' Court in \$1,000 bail. On his examination three days later his bail was increased to \$2,500 and he was held for the grand jury. He was privately examined by the officials charged with enforcing the provisions of the Election Law and the report spread that he had made a confession naming the men who instigated his crooked work on election day. Halpin was indicted by the grand jury and rearrested on a bench warrant, his bail being set at \$5,000. He was to appear in the Supreme Court, Criminal Term, for pleading at 2 p. m. on November 16th. When court opened on the morning of that day lawyers appeared for

him and deposited \$5,000 cash bail with the city chamberlain for his appearance a few hours later. When his case was called Halpin had fled. His bail was forfeited. The search for Halpin has been prosecuted diligently ever since. Simultaneously with his disappearance Aaron Cornell, chairman of the board of inspectors which accepted Halpin's vote, left the city.

PEOPLE V. EDWARD J. MILAN.

Three indictments were found against Edward J. Milan, known in Brooklyn as saloon and pool-room keeper and reputed gambler with many close friends influential and prominent in politics. He was arrested on election day and the charges against him included intimidation at the polls, bribery and assault. On the several indictments his bail aggregated \$11,000. He did not appear when his case was called for trial in court and his bail was declared forfeited.

PEOPLE V. JAMES A. MULLIGAN.

James A. Mulligan, saloon-keeper of 221 Avenue B, captain in the twentieth election district and head of the James A. Mulligan Association of the fourteenth assembly district, New York county, is under indictment and under \$5,000 bail for perjury in making a false statement in the office of the State Superintendent of Elections for the Metropolitan District. His case illustrates a condition of affairs which for years was general in the Metropolitan district—a condition marked by padded registry lists and fraudulent votes in many assembly districts.

After the first day of registration this year the deputies from this office in their investigations of the lists sought Arthur Smith whose name was registered in Mulligan's district as living at

No. 187 Avenue B. Annie McAree the janitress of the apartment house at that number answered the first inquiry of the deputy by saying that Smith as well as one Ryan, whose name was also registered, lived in the house. Pressed for details, the janitress sent the investigators to Mrs. Hannah Seltzer, who lived on the first floor and with whom the men were said to board. Mrs. Seltzer was unable to produce either of the men and while the deputies were talking with her, Annie McAree ran across the street to Mulligan's saloon and told him the situation. Mulligan called to one George Walsh, who was at the time playing cards in the saloon back room and told him to go over to Mrs. Seltzer's and personate Arthur Smith. Walsh appeared and entered the room where the deputies still had the woman in conversation. It was decided to bring her to this office for a further examination and Mulligan and Walsh volunteered to accompany the party. On arrival at 27 William street Mulligan, Walsh and the woman who had been allowed to talk together on the journey were placed in different rooms and examined separately. Mulligan, under oath, said he knew Walsh as Arthur Smith an employee of the street cleaning department and a boarder for a long time with Mrs. Seltzer. Walsh was brought into the Superintendent's room and Mulligan identified him as Smith. Walsh in his statement under oath personated Smith, and followed out the story manufactured by Mulligan. He failed to remember the name of Mrs. Seltzer's two children and the whole story was so palpably false that his arrest had been decided upon when he suddenly weakened. He admitted that he never heard of Arthur Smith until a few hours before and that he had been coached by Mulligan who told him to impersonate Smith and deceive the deputies.

Mrs. Seltzer upon examination confessed that she never knew either Smith or Ryan, though both had been carried on the registry books of the district year after year. She had been asked, she said, by Annie McAree, the jaintress, who was a friend, to accept any mail that came addressed to Arthur Smith, to answer any inquiries around election time by saying that he boarded with her.

Annie McAree on her examination admitted that both Smith and Ryan were myths. A woman, she said, asked her to answer inquiries for them by saying they lived in the house and she passed the same request along to Mrs. Seltzer. Miss McAree said further that it was a matter of common occurrence and had been for years for such requests to be made of janitors in the tenement houses of the East Side and that at election time they always "stood for" many names as tenants which they had never heard before.

ELECTION OFFICERS.

On several occasions in previous years I have called attention to the absurd stupidity or intentional laxity of election officers of the city of New York in the performance of their duties. Such charges in years past have received only a passing notice. This year, however, the result of the election in the city of New York was so close, and the neglects and omissions of the election officers so patent as to arouse the public mind to a realization of the dangers which lie in continued inaction. Magistrates refuse to hold, grand juries are loth to indict, and petit juries are tempted to acquit, boards of inspectors where the intent to violate the law is not considerably stronger than reasonably inferable. A fleeting suspicion, where political questions are involved,

becomes a reasonable doubt; and a reasonable doubt resolves itself into a demonstrated fact. The relief, therefore, which exemplary punishment brings, is not the one which will cure the ailment. In my recommendations I shall attempt to bring to your attention some suggested changes which I believe will make continued neglect, whether intentional or otherwise, a difficult proceeding.

Before entering on the question, however, of remedies, it is proper to discuss the disease. I shall first present to you samples of the work of public officials in whose hands the election machinery of the Metropolitan Elections District, and more especially the city of New York, is placed. With what degree of competency and efficiency these duties have been performed is apparent from the faces of the documents. These records were selected at random and are not chosen with the idea of being the most flagrant cases.

Prior to the opening of the registry books for the registration of electors, I caused to be delivered to the inspectors of election in each election district of the city of New York the following letter of instruction in reference to the manner of writing the registry cards which the Metropolitan Elections District Law provides shall be written by the inspectors and properly certified to this office. I have given illustration above of various samples of the work of the inspectors upon these cards.

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS FOR THE METROPOLITAN ELECTIONS DISTRICT.

To Inspectors of Election:

You are requested to read carefully the following provisions of the Metropolitan Elections District Law, as amended by chapter 689 of the Laws of 1905, which are to be found on pages 208-9 and 212-13 of your official copy of the Election Law:

Section 7. Aid and assistance of persons and public officers.—The state superintendent, or any deputy, may call on any person to assist him in the performance of his duty; and he may also call on any public officer who by himself or his assistants, deputies or subordinates shall render such assistance as may be required. Any such person, public officer, deputy or subordinate who shall fail, on demand of the superintendent or any deputy to render such aid or assistance in the performance of his duty as he shall demand, or who shall wilfully hinder or delay, or attempt to hinder or delay such superintendent or deputy, in the performance of his duty, shall be guilty of a felony and shall upon conviction thereof be sentenced to imprisonment in a state prison for a period of not more than three years; and if a public officer, shall, in addition to such imprisonment forfeit his office. *A member of the uniformed police force and every sheriff, deputy sheriff and election officer shall, for the purpose of this act, be deemed a public officer.*

§ 10. Lists of enrollments on registration days.—In any city within the Metropolitan Elections District, the Board of Inspectors of each election district shall on each day of registration transfer to cards, to be provided for that purpose by the secretary of state, which cards shall be in the form and style approved by the state superintendent of elections, a complete copy of the name of each person registered or enrolled in their respective districts, together with all the answers made and information given by the person registered, at the time of registration, and which said cards, enclosed and sealed in a cover to be provided for that purpose by the Secretary of State shall be delivered forthwith by the chairman of the Board of Inspectors, together with a statement on a blank form, to be furnished by the Secretary of State after approval by the State Superintendent of Elections, that the cards delivered contain a correct copy of all the names registered and information given by the person so registered, to the police, who shall forthwith deliver the same to the State Superintendent of Elections at his office.

For your guidance in writing the data required by law upon the registration cards provided by the Secretary of State for the use of the State Superintendent of Elections a sample card filled out in proper form follows:

E. D. 14	A. D. 6	County Kings	Date of Registration Oct. 9/11
Surname Marcia		Christian Name Rocco	
Address 625 Marcy Ave.			Room or Floor 4 th
Age 45	Length of Residence 10 years	In State H. mos.	In Election Dist. 4 mos.
Country of Nativity Italy	Date of Naturalization July 10/88	Court in which Naturalized N. E. D. Court	
Last Registration or Vote NY.		City or Town Brooklyn	Year 1904
E. D. Remarks		Residence 625 Marcy Ave.	Street Brooklyn

(Challenged)

You will note that the card is so arranged as to contain all the information which is required by law to be given in the

various columns of your registration books. On the seventh line the letters "E. D." and "A. D." refer to the election and assembly districts in which the elector last registered or voted. The spaces above these letters are to be left blank, as in the sample shown above. The address on the same line must be that of the *residence* of the elector at the time of his last registration or vote *and not that of the polling place at which he last registered or voted.*

The information required to be given on the fourth line of the card in respect to the length of residence must represent the actual duration of the elector's residence in the State, in the county and in the election district. In numerous districts last year the inspectors set forth in their books that every elector registered had resided one year in the State, four months in the county and thirty days in the election district, these being the periods required by law to qualify a man to vote. A statement of this kind which fails to show the actual period of the elector's residence in the several political divisions, does not satisfy the requirements of the Election Law.

At the close of each day of registration you will fill out and sign the blank statement required by section 10 of the Metropolitan Elections District Law, and inclose the same with the cards of the electors registered that day in the folding box provided for that purpose. Tie the box with the tape attached to it and seal the knot with wax. On the face of the box, in the blank spaces indicated, write with red lead pencil provided for that purpose the name of the county and the numbers of your election and assembly district. Deliver the box to one of the police officers in attendance at your place of registration for transmission to the office of the State Superintendent of Elections.

The cards take the place of the book which was filled out in former years by the inspectors of election for the use of the State Superintendent of Elections. No such book is required or provided this year.

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

October 7, 1905.

After a careful examination of the registry books of last year, many inspectors of election were subpoenaed to this office and cautioned in regard to the slovenly manner in which they had performed their duties. In some cases the inspectors were found to be ignorant of the most elementary principles of our election statutes. Some could not decipher their own work which still contains unsolved mysteries. Instructions were sent to many of the boards in regard to the right of our foreign-born population to exercise the franchise. These instructions were printed also in the daily press of the city of New York. In spite of this aliens were registered in several districts, although their lack of qualifications appears upon the face of the entries in the books. The instructions in regard to naturalized citizens were as follows:

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS FOR THE METROPOLITAN ELECTIONS DISTRICT.

27 WILLIAM ST., NEW YORK CITY, *Sept.* 25, 1905.

Dear Sir.—An examination of the registration books of the annual election of 1904, necessitates our calling to your attention the following provisions of law relating to naturalized citizens:

First. An honorable discharge from the United States army or navy does not make an alien so discharged, a citizen of the United States, and does not entitle him to exercise the franchise. An honorable discharge from the United States *army* gives an alien so discharged, certain privileges in obtaining his naturalization papers, but neither an honorably discharged soldier nor an honorably discharged sailor is entitled to be registered or to vote until he shall have obtained his naturalization papers. (U. S. Rev. Stat., 2d ed., § 2166, title 30, p. 124, vol. 128, U. S. Stat. at L.)

Second. It is the duty of every naturalized citizen, before being registered, to produce to the inspectors, if any inspector shall so require, his naturalization papers or a certified copy thereof, for their inspection, and to make oath before them that he is the person purporting to have been naturalized by the papers so produced, unless such citizen was naturalized previous to the year 1867. If, however, such naturalized citizen cannot, for any reason, produce his naturalization papers or a certified copy thereof, the Board of Inspectors, or a majority of such board, may place the name of such naturalized citizen upon the register of electors upon his furnishing to such board evidence which shall satisfy such board of his right to be registered. (Election Law, § 34, subd. 8.)

Third. The children of persons who have been duly naturalized under the laws of the United States, being under the age of 21 years at the time of the naturalization of their parents, shall, if dwelling in the United States, be considered as citizens thereof (U. S. Rev. Stat., 2d ed., § 2172, title 30), and by section 1994 of the United States Revised Statutes, it is provided that "Any woman who is now or may hereafter be married to a citizen of the United States, and she might herself be lawfully naturalized, shall be deemed a citizen."

Under these provisions of the United States Revised Statutes, a person born outside of the United States of alien parents may become a citizen of the United States by the naturalization of his parents while such person is under the age of 21 years and dwelling in the United States in one of the four following ways:

I. By the naturalization of his father.

II. By the naturalization of his mother after the father's death and during her widowhood.

III. In case of the death of his father, by the subsequent marriage of his mother (she being a woman who might herself be lawfully naturalized) to a man who, at the time of such marriage, is a citizen of the United States by birth or naturalization.

IV. In case of the death of his father, by the subsequent marriage of his mother (she being a woman who might herself be lawfully naturalized) to a man who, if not a citizen of the United States at the time of such marriage, becomes such citizen thereafter during the life of the mother. Such marriage of the mother

to a citizen in the one case, or naturalization of the step-father in the other, makes the mother a citizen by virtue of United States Revised Statutes, section 1994 (*supra*), and where the mother becomes a citizen, her naturalization makes her children dwelling in the United States (their father being dead) citizens by virtue of section 2172, United States Revised Statutes (*supra*). But attention is particularly called to the fact that under any of these four methods of naturalization, the parent, whether father or mother, must, to make the child a citizen, be naturalized while the child is under the age of 21 years and is dwelling in the United States.

The provisions of subdivision 8 of section 34 of the Election Law, in regard to the production of naturalization papers (set forth above in paragraph second), apply in the case of a person claiming the right to be registered upon the ground that he became a citizen by the naturalization of his parents in any of the four ways above specified, during his minority, and while he was dwelling in the United States, and it is the duty of such applicant, before being registered, to produce to the inspectors, if possible, if any inspector shall so require, the naturalization papers of his father, mother or step-father, as the case may be, or a certified copy thereof, for their inspection, in accordance with the provisions of said section, and to make oath before them as to the facts connecting him with the person purporting to have been naturalized by the papers so produced, and proving that, at the time of the naturalization of his parents, the applicant for registration was under the age of 21 years and dwelling in the United States.

Fourth. Any person claiming the right to be registered and to vote as a naturalized citizen of the United States must have been naturalized at least ninety days prior to the day of election. (Constitution of the State of New York, art. 2, §1.)

Respectfully yours,

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

The following opinion of the Attorney-General was also forwarded to the inspectors so that they might govern themselves accordingly on the days of registration and on election day. In the main these instructions were carried out, although some cases of failure to respond to my request for aid and assistance are now being prepared to bring to the attention of the grand jury.

STATE OF NEW YORK.

OFFICE OF THE STATE SUPERINTENDENT OF ELECTIONS
FOR THE METROPOLITAN ELECTIONS DISTRICT,

To the Inspectors of Election within the Metropolitan Elections District:

The following opinion of the Attorney-General of the State of New York is inclosed for your guidance and information.

Respectfully,

GEORGE WILSON MORGAN,
*State Superintendent of Elections for the
Metropolitan Elections District.*

Dated, New York, October 7, 1905.

STATE OF NEW YORK.

ATTORNEY-GENERAL'S OFFICE.

ALBANY, October 4, 1905.

HON. GEORGE W. MORGAN,
State Superintendent of Elections,
27 William St., New York City.

My Dear Sir.—You call my attention to section 7 of the Metropolitan Elections District Law, in which, among other things, it is provided:

“The State Superintendent, or any deputy, may call on any person to assist him in the performance of his duty; and he may also call on any public officer who, by himself or his assistants,

deputies or subordinates, shall render such assistance as may be required."

You also call my attention to the further provision in the same section of the same statute, as follows:

"A member of a uniformed police force and every sheriff, deputy sheriff and *election officer* shall, for the purpose of this act, be deemed a public officer."

You ask whether upon forwarding to an inspector of election the name of any person, whom you may have reason to believe should be challenged, with a demand that such person should be challenged, it is the duty of such inspector of election to challenge such person.

I beg to say that I am of the opinion that under the statute, as now amended, specifically providing that every election officer shall, for the purpose of the Metropolitan Elections District Law, be deemed to be a public officer, it is the duty of the inspector to challenge as demanded by you.

You also call my attention to the fact that you desire to ask the election officers to order the arrest of a person who has registered under the following circumstances, (1) where the person on whose name he registered is dead, or (2) has removed from the district, or (3) has been convicted of a felony and sentenced to fine or imprisonment or both, or (4) whose naturalization papers have been cancelled.

I am of the opinion that it is the duty of every election officer, upon such demand being made by you, to order or cause forthwith the arrest of a person who, having been challenged, registers under the circumstances above referred to.

Yours respectfully,
(Signed) JULIUS M. MAYER,
Attorney-General.

By far the most serious of the unlawful acts of the inspectors was the arbitrary refusal to permit citizens who had lawfully registered to cast their votes because repeaters had voted on their names before the lawfully registered electors had presented themselves to vote. Such a decision was quite general, in fact so often

were citizens deprived of their vote in this manner that a general scheme to defraud electors of their rights could not have produced more appalling results. Unfortunately, applications to mandamus the boards which had been applied for in the morning of election day had been denied, and the stupendous injustice which this improper decision was working was not realized by the justice in Special Term until the injury was beyond repair. The Appellate Division of the Supreme Court, First Department, in a unanimous decision rendered at the November Term speaks as follows on this subject:

“At a general election held November 7, 1905, the relator was denied the right to vote by the Board of Inspectors of the twenty-sixth election district of the eighteenth assembly district of the City of New York and he thereupon applied to the Special Term of this court for a peremptory writ of mandamus to compel such board to permit him to vote. His application was based upon an affidavit made by himself which showed that he was a naturalized citizen of the United States, over 21 years of age; that he was naturalized more than 90 days prior to November 7, 1905; that he had resided in the State of New York more than one year prior to the general election held on that date; that for four months immediately preceding such time he had resided in the County of New York, and for the last thirty days in the twenty-sixth election district of the eighteenth assembly district; that on one of the registration days provided for by law in the year 1905 he duly presented himself before the respondents, composing such board, and his name was duly registered as an elector qualified to vote in such district at the general election held on November 7, 1905; that on such election day he appeared before the respondents, composing such board, for the purpose of voting;

that they refused to permit him to vote, on the ground that someone else had previously thereto voted on his name.

“The facts set out in the affidavit were not controverted in any way. Notwithstanding that fact the court at Special Term denied the application for the writ, and the relator has appealed.

“The question presented is of so much importance that we think it should be considered and determined upon the merits (Matter of Failchild, 151 N. Y. 359) notwithstanding such determination, can, so far as the relator is concerned (the election having passed), accomplish no purpose except to prevent others being similarly deprived of their right to vote.

“The relator, upon the conceded facts, had a right to vote. Nevertheless he was prevented from doing so simply because someone else had fraudulently voted in his place. Section 1 of article 1 of the Constitution provides that no member of the State shall be disfranchised or deprived of any of the rights or privileges secured to any citizen thereof, unless by the law of the land or the judgment of his peers. This provision of the Constitution was violated as well as another provision, which provides that: ‘Every male citizen of the age of twenty-one years who shall have been a citizen for ninety days and an inhabitant of the State one year next preceding an election and for the last four months a resident of the county and for the last thirty days a resident of the election district in which he may offer to vote shall be entitled to vote at such election in the election district in which he shall, at the time, be a resident.’ (§ 1, article 2 of the Constitution.) The Constitution further provides, in section 4 of article 2, for the registration of voters, which registration shall be completed at least ten days before the election. In pursuance of this section of the Constitution, chapter 909 of the Laws of 1896

was passed, which provides the method for registration of voters in the City of New York.

“The relator was duly registered; he was legally qualified to vote; nevertheless, he was prevented from doing so not by the law of the land or the judgment of his peers, but by the simple fiat of the Board of Election Inspectors. Argument is unnecessary to demonstrate that the Board of Election Inspectors possesses no such power because if it did elections would be little less than a farce, inasmuch as the power to determine who should vote would rest with such board. The Inspectors of Elections act only ministerially. They have no power except such as is conferred upon them by statute and when a person legally qualified offers to vote they must receive his vote. If it is asserted that he is not qualified to vote, then the only way to prevent his doing so is to challenge it and in that case if the would-be voter insists upon his right to vote, and is willing to take the oath prescribed by statute (subd. 2, par. 108, chap. 909, Laws of 1896) his vote must be received. (Peo. ex rel. Smith v. Pease, 27 N. Y. 45; Goetchens v. Matthewson, 61 N. Y. 420; Peo. ex rel. Stapleton v. Bell, 119 N. Y. 175; Peo. ex rel. Sherwood v. Board of Canvassers, 129 N. Y. 360; People v. Hochstim, 76 App. Div. 25.)

“Even an arrest at the polls cannot deprive one of the right to vote. He must be afforded the privilege of voting before he is removed from the polling place (par. 15, Election Law), and any person who ‘wilfully and unlawfully obstructs, hinders or delays or aids or assists in obstructing or delaying an elector on his way to an election or polling place, or while he is attempting to register or vote, is guilty of a misdemeanor.’ (§ 41k, Penal Code.) The whole policy of the State now is and ever since its organization has been to accord to every qualified elector the

fullest and freest opportunity to vote and of this opportunity he cannot be deprived on election day because the Board of Inspectors has permitted another person to wrongfully and unlawfully impersonate him before he offers his vote. If another person has voted on his name, he may, nevertheless, vote and the inspectors must receive his ballot, notwithstanding the wrong previously committed by another.

“The Court of Appeals, recognizing this right on the part of an elector, in *Goetchens v. Matthewson* (*supra*), said: ‘The law of New York, wisely as we think, has largely left the right to vote as far as the proceedings on election day are concerned, to the judgment and conscience of the elector. Most of the questions that may tend to excite a momentary irritation caused by the challenge are disposed of for the time being by his oath. If he wilfully swears falsely he is liable, on conviction, to suitable punishment. If he is disqualified from voting the error may be rectified, so far as it occasions harm, by an appropriate judicial proceeding.’

“And further commenting upon it in *People ex rel. Stapleton v. Bell* (*supra*), the same court said: ‘If a person claiming the right to cast his ballot shows himself to be qualified to do so by the application of statutory tests he should not be deprived of that right by any action of the authorities, State or local. Ample means are provided for holding him for punishment, if believed and charged to be guilty of a violation of the law, and ample means exist for the rectification of the result affected by his acts.’

“If one could be deprived of the right to vote as the relator here was, then the policy of the law is destroyed and the statutes which have been passed to safeguard the elector’s right to vote serve no purpose whatever.

“But it is said a writ of mandamus was not the proper remedy. If not, it is difficult to imagine what remedy the relator could have invoked which would have secured to him the right guaranteed by the Constitution. We think it was the proper remedy and this would seem to follow when the nature of the writ is considered. A writ of mandamus has been defined to be a command issuing from a court of law of competent jurisdiction in the name of the state or sovereign, directed to some inferior court, officer, corporation or person, requiring them to do some particular thing therein specified which appertains to their office or duty. (Am. & Eng. Enc. of Law, 2d ed., vol. 19, 716.) And it will lie whenever a party has a clear legal right to demand performance of a specific duty and there is no other adequate remedy. (Am. & Eng. Enc. of Law, 2d ed., vol. 19, 725, and cases cited.)

“Here, the relator had a constitutional right to vote and it was the duty of the board of inspectors to recognize that right and permit him to do so. The fact that someone else had voted upon his name was of no importance when he himself offered to vote. All that then remained for the inspectors to do was to satisfy themselves that he was a qualified elector and had been properly and legally registered. These facts were not denied, and therefore the respondents, in refusing to permit the relator to vote, deprived him unlawfully of his constitutional right of franchise. They violated the duty which was placed upon them by the statute and the only way the relator could protect his rights and compel them to perform the duty resting upon them was by writ of mandamus. The writ should have issued and for that reason the court erred in denying the relator's application.

"The order appealed from must therefore be reversed, but as the issuance of the writ would accomplish no purpose, election day having passed, we do not direct that it issue.

"All concur."

APPROPRIATIONS AND EXPENDITURES FOR THE FISCAL YEAR.

The financial portion of this report covers only the fiscal year ending September 30, 1905. For that year there were appropriated by the Legislature the following sums:

Deputies.

Chapter 728, Laws 1904—Salaries.....	\$100,000	
Chapter 355, Laws 1905—Salaries.....	20,000	
Chapter 699, Laws 1905—Salaries.....	30,000	
	<hr/>	\$150,000

Office Account.

Chapter 728, Laws 1904—Salaries of Superintendent, Chief Deputy, clerk and stenographer	\$12,800	
Chapter 728, Laws 1904—Office expenses.	10,000	..
Chapter 355, Laws 1905—Office expenses.	5,000	
Chapter 355, Laws 1905—Salary of Secretary	2,000	
	<hr/>	29,800
		<hr/>
		\$179,800
		<hr/> <hr/>

There was a balance at the end of the fiscal year on the deputies' account of \$8,810.35, and a balance at the end of the fiscal year on the office account of \$1,874.06.

RECOMMENDATIONS.

Experience obtained from the general election of 1905 shows that the most important matter for consideration in the registration of electors is that of identification. There are no entries in the registry books at present which would serve to identify an elector on election day, except those of age and nationality; and these are of no practical service. In order to furnish some means of identification I would renew my recommendation of last year, that electors, at the time of registering, be required to sign personally the registry book, and that they be required to sign the poll book on election day. In signing the registry book electors should be required to make oath or affirmation that the entries in regard to their registration are correct. It is a serious omission in our present Election Law that no penalty is provided for a false statement to a registry board except as to name and residence unless the elector is challenged and takes the challenge oath. This should be remedied promptly by making a penalty for any false statement knowingly made by an elector to the registry board. In case of an elector's inability to sign his name, through illiteracy or any other cause, the elector shall be required to make his mark instead of his signature, swear or make affirmation as to his inability to write and that the entries in the registry book were read to him by the chairman of the registry board and that they are correct.

As an additional safeguard, and to prevent the use by the repeater of names legally registered before the legally registered elector has arrived at the polls, I would recommend that certificates of registration be issued by the registry boards to all electors at the time of registration, which certificate must be pro-

duced by the elector on election day when he presents himself to vote. In case of the elector's failure to produce such certificate when he presents himself to vote, a presumption of ineligibility should arise against him which could only be rebutted by affidavit before the Supreme Court in a proceeding for the issuance of a writ of mandamus directed to the inspectors of election.

It is a physical impossibility, without the expenditure of a prohibitive sum of money, to investigate thoroughly a registration of almost three-quarters of a million names which appear on the registry books in the Metropolitan Elections District, in the short space of time now provided by law. In the city of New York the days of registration are now the 29th, 28th, 24th and 22d days before the day of the general election (§ 30 Election Law). No names can be stricken from the register, even if unlawfully placed there, at a period later than ten days before election (Constitution, art. II, § 4). In other words, there are twelve days, including Sundays, to investigate the lists, after the registration is complete, for the purpose of taking effective measures to prevent the casting and counting of illegal votes. Article II, section 1, of the State Constitution, should be amended so as to prescribe a longer period of residence than thirty days in an election district as a qualification for registering and voting. This would permit of moving the days of registration farther away from the day of election and permit proper motions to be made to strike names illegally registered from the lists. With the certification by the elector as to the correctness of the entries in the registry book suggested above, the danger of depriving electors legally registered of their right to vote through clerical errors of the inspectors would be eliminated.

It is manifest from the experience which this office has yielded that the work of the inspectors on election day should be reduced to the lowest possible terms; that their functions should be as purely ministerial as it is possible to make them; and that all duties requiring judgment and clerical ability should be eliminated if such can be accomplished. The office of inspector of elections is not one which appeals to the man even of average ability in a large city. The competent man is usually employed for all the working hours of a day; and few employers will tolerate absences for five or six days at the time of year when registration and election occur. The canvass of votes cast under the system of the paper ballot, and the proper tallying of the returns involve judicial questions such as the intent of an elector, the invalidating of ballots by markings, and their identification. Such questions have puzzled the courts; and it is not strange that boards of inspectors, surrounded by excited partisan watchers, should despair of ever reaching home except through State's prison. I am strongly of the opinion that the voting machine should be substituted for the voting by paper ballot and the void and protested ballot, the intricate statement of canvass and tally sheet which the law now provides relegated to the mass of repealed statutes which have outlived their usefulness.

The spirit of our election statutes should be one of exact justice as between the candidates for the same office. So long as the Election Law provides methods of nomination other than by party, candidates who are properly placed in nomination should not be obliged to hurdle into office if a plurality of the electors desire to place them there, while the party nominees are running on a beaten track. The Massachusetts form of ballot comes nearer to doing equity among the various candidates and

might well be considered a matter for legislative deliberation. Under the Massachusetts system no man can be carried into office solely by reason of the virtue of his associates.

The broader questions of the conduct of political parties in the use of vast sums of money on election day have received much attention from various committees of public-spirited citizens during the time which has elapsed since election day. Bribery is a crime which lurks in dark places. The law makes the giver and receiver of bribes accomplices; and accomplices under our law must be corroborated. The venal voter can be found by the briber; his conscience can be soothed by the suggestion of election day "work" providing only the briber, his accomplice, is present—which means providing there is no possibility of convicting him of a crime. Any corrupt practice statutes which are effectual will provide for the banishment of the election day worker.

Respectfully submitted,

GEORGE WILSON MORGAN,

*State Superintendent of Elections for the
Metropolitan Elections District.*

Dated, 27 William street, borough of Manhattan, city of New York, December 31, 1905.

NOTE.

Appendix A of this report, a list of arrests for violations of the Election Law in the Metropolitan Elections District in the year 1905, and Appendix B, a list of the names of deputies employed during that year, are on file in the Executive Chamber at Albany, N. Y.

APPENDIX C.

The following appendix to the Eighth Annual Report of the State Superintendent of Elections for the Metropolitan Elections District contains a list of the lodging houses and hotels from which reports were received by him as to the number of persons claiming a voting residence thereat, arranged by assembly and election districts. In Manhattan and The Bronx a comparison of the registration and the vote in 1904 and 1905 is made for all the lodging houses. Hotels and lodging houses in the other boroughs are listed with the name of the proprietor and the address, and following are five columns of figures, the first of which shows the number of persons claiming residence; the second, the number of persons who registered; the third, the number who voted; the fourth, the number of persons not mentioned in the hotel or lodging-house report who registered, and the fifth, the number of such persons who voted.

[illegible]

“ ” “ ” “ ” “ ”

MANHATTAN AND BRONX.

LODGING-HOUSE VOTE.

First Assembly District.

Election district.	NAME AND ADDRESS.	1903.		1904.	
		Number registered.	Number voted.	Number registered.	Number voted.
6	Frank A. Campbell, 175 West st.....	2	2	6	6
12	Philip Brennan, 591 Broome st.....	24	22	32	28
13	Estate of R. H. Moir, 5 Thompson st.....	72	61	45	45
	Total.....	98	85	83	79

Second Assembly District.

3	Henry I. Acker, 90 South st.....	6	5	1	1
5	B. Brunjes, 199 South st.....	12	11	15	15
7	Geo. F. Langenbacher, 404 Pearl st.....	33	30	46	42
8	Children's Aid Society, 14 New Chambers st.....				
9	R. Rullmann, 120 Park Row.....	9	9		
9	William H. Lyons, 128 Park Row.....	21	21	57	54
10	John 4 Park Row.....	42	33	37	33
10	F. A. Campbell, 184 Park Row.....	16	15		
10	H. Curry, 188-90 Park Row.....	65	53	78	75
10	F. A. Campbell, 162 Park Row.....	8	8	28	28
10	Frank Secato, 180-82 Park Row.....	41	33	27	25
10	Dapanna K. Acquinniss, 9 Mulberry st.....	51	43	48	41

MANHATTAN AND BRONX—(Continued).

LODGING-HOUSE VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	1905.		1904.	
		Number registered.	Number voted.	Number registered.	Number voted.
11	H. Curry, 3 James st.....	117	113	98	97
11	E. Cherardi, 173 Park Row.....	31	29	34	34
11	F. C. Taylor, 189-191 Park Row.....	26	26	29	28
17	S. Waghola, 11-12 Chatham Square.....	27	25	35	31
17	Robert Kerr, 9 Chatham Square.....	36	32	43	39
17	Annie Koehler, 6 Chatham Square.....	21	20	45	40
17	H. Curry, 4 Chatham Square.....	37	35	37	36
21	Dupanna & Bro., 460 Pearl st.....	47	46	.....	.....
21	Walter Noteboon, 450 Pearl st.....	34	32	.....	.....
22	Joseph Ajello, 26 Bowery.....	11	11	.....	.....
22	Salvation Army, 18 Chatham Square.....	52	46	63	56
	Total.....	743	676	721	673

Third Assembly District.

8	Frederick Crane, 183 West Houston st.	111	98	164	154
11	Geo. F. Langenbacher, 510 West Broadway	39	34	60	56
11	Frederick Crane, 535 West Broadway	51	46	53	50
	Total	201	176	277	260

Fifth Assembly District.

12	A. Sartirana & Co., 93-95 Sixth ave.	36	28	60	57
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Sixth Assembly District.

1	N. H. Lyons, 25 Bowery	29	29	50	27
1	John J. Campbell, 15 Bowery	14	14
1	A. DelGenovese, 13 Bowery	17	15	58	30
1	Alice Flynn, 9 Bowery	26	21	20	15
1	Salvation Army, 21 Bowery	21	18	24	14
2	Malky Lyons, 41 Bowery	38	36	69	34
2	Ottavione Bros., 37-39 Bowery	62	55	68	52
2	Turner & Timberman, 53 Bowery	144	134	122	75
3	William	32	32	40	38
3	William	9	9	20	19
3	Amelia	18	18	21	19
3	Mrs. J. Creaney, 13 Bowery	59	49	54	53
3	George Freschi, 69 Bowery	19	18	21	21
4	Robert Kerr, 86-88 Bowery	121	114	98	75
4	Robert Kerr, 70-72 Bowery	64	55	64	49
8	Frank A. Campbell, 98 Bowery	49	48	68	64

MANHATTAN AND BRONX—(Continued).

LODGING-HOUSE VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	1905.		1904.	
		Number registered.	Number voted.	Number registered.	Number voted.
11	H. Curry, 3 James st.....	117	113	98	97
11	E. Cherardi, 173 Park Row.....	31	29	34	34
11	F. C. Taylor, 189-191 Park Row.....	26	26	29	28
17	S. Waghola, 11-12 Chatham Square.....	27	25	35	31
17	Robert Kerr, 9 Chatham Square.....	36	32	43	39
17	Annie Koehler, 6 Chatham Square.....	21	20	45	40
17	H. Curry, 4 Chatham Square.....	37	35	37	36
21	Dupanna & Bro., 460 Pearl st.....	47	46	.....	.....
21	Walter Noteboon, 450 Pearl st.....	34	32	.....	.....
22	Joseph Ajello, 26 Bowery.....	11	11	.....	.....
22	Salvation Army, 18 Chatham Square.....	52	46	63	56
	Total.....	743	676	721	673

Third Assembly District.

8	Frederick Crane, 183 West Houston st.....	111	96	164	154
11	Geo. F. Langenbacher, 510 West Broadway.....	39	34	60	56
11	Frederick Crane, 535 West Broadway.....	51	46	53	50
	Total.....	201	176	277	260

Fifth Assembly District.

12	A. Sartirana & Co., 93-95 Sixth ave.....	36	28	60	57
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Sixth Assembly District.

1	N. H. Lyons, 25 Bowery.....	29	29	50	27
1	John J. Campbell, 15 Bowery	14	14
1	A. DelGenovese, 13 Bowery.....	17	15	58	30
1	Alice Flynn, 9 Bowery.....	26	21	20	15
1	Salvation Army, 21 Bowery.....	21	18	24	14
2	Malky Lyons, 41 Bowery.....	38	36	69	34
2	Ottavione Bros., 37-39 Bowery.....	62	55	68	52
2	Turner & Timberman, 53 Bowery.....	144	134	122	75
3	William H. Lyons, 85 Bowery.....	32	32	40	38
3	William Eddy, 83 Bowery.....	9	9	20	19
3	Amelia Prata, 81-81½ Bowery.....	18	18	21	19
3	Mrs. J. Treaney, 73 Bowery.....	59	49	54	53
3	George Freschi, 69 Bowery.....	19	18	21	21
4	Robert Kerr, 86-88 Bowery.....	121	114	98	75
4	Robert Kerr, 70-72 Bowery.....	64	55	64	49
8	Frank A. Campbell, 98 Bowery.....	49	48	68	64

MANHATTAN AND BRONX—(Continued).

LODGING-HOUSE VOTE.

Sixth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	1906.		1904.	
		Number registered.	Number voted.	Number registered.	Number voted.
8	George Freschi, 96 Bowery.....	12	12	17	15
8	Turner & Timberman, 90-92 Bowery.....	39	30	29	29
8	Bernard Flynn, 112 Bowery.....	60	57	62	60
9	Alice Flynn, 185 Bowery.....	31	29	31	28
9	George F. Langenbacher, 143 Bowery.....	46	36	18	16
11	Frank A. Campbell, 212 Bowery.....	16	15	14	10
14	A. M. Dwyer, 262 Bowery.....	25	18	27	27
14	Bruno Ottavine, 274 Bowery.....	12	10	12	12
14	Samuel E. Kerr, 280 Bowery.....	39	38	41	41
14	A. DelGenovese, 268½ Bowery.....	57	52	56	53
14	The Bowery Company, 270 Bowery.....	52	49	59	57
14	Joseph Ajetto, 276-278 Bowery.....	15	13	20	19
15	George B. Hitchcock, 219 Bowery.....	62	62	68	62
15	George F. Langenbacher, 4 Rivington st.....	31	31	58	58
15	Caroline White, 6 Rivington st.....				
15	Salvation Army, 243 Bowery.....				
18	George F. Langenbacher, 317 Bowery.....	33	31	36	32
19	John Wain, Jones st.....	8	8		
19	Margaretta, 300-302 Bowery.....	29	23	28	24

19	Mary Mercadante, 340 Bowery.....	13	13	16	14
19	Frank A. Campbell, 354 Bowery.....	18	15	30	24
19	Frank A. Campbell, 356 Bowery.....	13	11	30	22
19	Frank A. Campbell, 358 Bowery.....	11	10	17	11
24	William H. Lyons, 105 Bowery.....	21	20	54	47
24	Samuel B. Kerr, 125-127 Bowery.....	102	98	64	64
	Total.....	1,466	1,346	1,620	1,327

Seventh Assembly District.

1	Angelina Sartirana, 513 Hudson st.....	20	19	28	27
23	Sartirana & Co., 32 Gansevoort st.....	21	16	19	17
	Total.....	41	35	47	44

Eighth Assembly District.

3	Gustav Meyer, 94 Division st.....	12	12	12	12
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Ninth Assembly District.

2	A. Sartirana & Co., 208 Eighth ave.....	18	13	21	21
18	A. Sartirana & Co., 352 Eighth ave.....	16	13	21	18
18	A. Sartirana & Co., 370 Eighth ave.....	14	11	21	18
	Total.....	48	37	63	57

Eleventh Assembly District.

16	Children's Aid Society, 225 West 35th st.....	2	2	2	2
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MANHATTAN AND BRONX—(Continued).
LODGING-HOUSE VOTE.
Thirteenth Assembly District.

Election district.	NAME AND ADDRESS.	1905.		1904.	
		Number registered.	Number voted.	Number registered.	Number voted.
13	Herman Luhrs, 437-439 West 42nd st.....	50	48	55	39
15	A. Sartirana & Co., 583 10th ave.....	20	19	25	19
	Total.....	70	67	80	58
	<i>Fourteenth Assembly District.</i>				
4	C. S. Hurley, 307 East 12th st.....				
17	Children's Aid Society, 295-297 East 18th st.....	5	5	3	3
	Total.....	5	5	3	3
	<i>Sixteenth Assembly District.</i>				
18	Salvation Army, 119 Avenue-D.....				
	<i>Eighteenth Assembly District.</i>				
18	Peter Reilly, 295 Third ave.....	44	39	66	61
20	Henry Meyer, 328-332 East 23rd st.....	141	123	137	130
20	W. H. G. Chandler, 340-342 East 23rd st.....	107	86	104	87
	Total.....	292	248	307	278

Twentieth Assembly District.				
	74	72	87	85
1 Frederick Meyer, 151-153 East 23rd st.	31	30	34	29
6 James J. McGuire, 386 Third ave.	25	18	41	40
17 Mary DelGenovese, 583 First ave.	12	11	12	12
19 A. Sartirana & Co., 201-203 East 34th st.	142	131	174	166
Total				

Twenty-second Assembly District.				
	25	21	48	40
6 Joseph Agello, 224 East 42nd st.	.....	.....	2	2
8 Children's Aid Society, 247 East 44th st.	.....	.....
Total	25	21	50	42

Twenty-fourth Assembly District.				
23 Geo. F. Langenbacher, 1109 Third ave., 200 E. 65th st.	61	53	53	49

Thirty-fourth Assembly District.				
	30	21	38	27
7 Mary Burke, 2231 Third ave.	11	10	19	16
8 S. Magliola, 2240 Third ave.	40	32	45	42
8 Frank A. Campbell, 2260 Third ave.	3	3	10	7
10 A. DaParma & Acquinni, 2291 Third ave.	25	19	22	20
13 A. M. C. Wedge, 2315-2317 Third ave.	6	5	13	10
15 F. A. Campbell, 168 E 129th st., 2374 Third ave.	25	25	41	38
15 Alice M. Flannagan, 156 East 129th st.				
Total	140	115	188	160

NEW YORK COUNTY.
MANHATTAN AND BRONX.
HOTEL VOTE.
First Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence..	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
1	Max Strauss 21-27 Broadway.....	13	9	9	.....	.....
1	Louis Aschauer, 2 Greenwich st.....	3	1	1	.....	.....
1	Nathan Laufer, 40 Greenwich st.....	8	8	7	.....	.....
1	Andrew J. Doyle, 13 Washington st.....	23	19	17	.....	.....
1	Marie Spinner, 12 Greenwich st.....	8	3	2	2	2
2	Andrew J. Smith, 11 West st.....	7	6	6	.....	.....
2	Joseph Pendegast, 42 West st.....	9	6	6	.....	.....
2	Andreas Bierler, 64 Gansevoort st.....	2	1	1	.....	.....
2	Martin Gasser & Co., 61-63 Gansevoort st.	3	2	2	.....	.....
2	Fritz Stockman, 62 Gansevoort st.....	1	1	1	.....	.....
2	Patrick J. Kerwin, 49 Gansevoort st.....	6	6	5	.....	.....
2	Michael J. Finnerty, 12½ Washington st..	3	3	3	.....	.....
2	Charles H. Cordes, 56 West st.....	6	5	5	.....	.....
3	Herman Freedman, 130 Greenwich st.....	2	1	1	.....	.....
3	John B. Schroeder, 57 West st.....	5	4	4	.....	.....
3	Ida Redeghan, 84 Gansevoort st.....	1	1	1	.....	.....
5	Michael Bush, 254 Fulton st.....	4	4	4	1	1
5	Charles Fritsch, 144 Liberty st.....	2	2	2	.....	.....
5	August Quick, 116 West st.....	3	1	1	.....	.....
*5	Joseph Healey, 125 & 126 West st.....	16	4	4	4	4

5	Eugene A. Gierdy, 100 West st.	19	6	6	1	1
5	John Stearns, 252 Fulton st.	9	6	4	1	1
5	Patrick McCarthy, 92 Greenwich st.	7	5	5		
5	Julia K. Sternfeld, 73 Cortlandt st.					
5	Paul Sorenson, 87 Cortlandt st.	2	2	2		
5	Caroline West, 149 Liberty st.	1	1	1		
5	1 Cortlandt st.					
5	ieyer, 130 West st.					
5	77 Cortlandt st.	4				
5	Washington st.	1	1	1		
6	West st.	4				
6	West st.	22	22	19	7	3
6	William Von Twistern 149-150 West st., 107 Barclay st.	16	11	11	16	12
6	Alfred H. Thurston, 225 Broadway.	3	3	3		
6	Emile Verhonsens, 193 Washington st.	7	2	2	2	1
6	Henry West st., 126 Warren st.	9	2	2		
6	George Kasner, 182-183 West st.	8	2	2	3	3
6	Alex. Gillier, 202 Greenwich st.	3	3	3		
6	Mary Dolphin, 186 West st.	16	4	4		
6	McKeever Bros., 98 Vesey st.	5	3	3		
6	Diedrich Tonjes, 139 West st.	3	2	2		
6	Naegilis Bros., 147 West st., 108-110 Bar- clay st.	4	3	2		
6	Wildev & Son, 125-131 Chambers st.	12	11	11		
6	Samuel Fanders, 200-202 Chambers st., 184 185 West st.	18	8	7		
6	Smith & McNell, 201 Washington st.	94	42	42	8	
6	Lucinda Glinesman, 176 West st.	11	4	3		
7	Mary Maguire, 206 West st.	10	7	7		

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*8	Carl Dietz, 240 West Broadway.....	11	4	4	1	1
9	August Stadtman, 224 West st.....	13	8	8	.....	.....
*9	Daniel J. Crotty, 231 West st.....	9	3	3	1	1
9	Anthony Conny, 222 West st.....	.....	.....	.....	.....	.....
10	James Kennedy, 471 Greenwich st., 74 Watts st.....	3	3	3	.....	.....
10	Mary E. Hart, 274 West st.....	11	7	7	.....	.....
10	Nicholas Willy, 258 West st.....	18	2	2	1	1
*10	John Moshinskie, 271 West st.....	16	4	4	1	1
10	William H. Wellbrock, 272 West st.....	.....	.....	.....	.....	.....
11	John Durr, 18 Grand st.....	4	3	3	.....	.....
11	George Winter, 428-432 Canal st.....	9	8	8	.....	.....
12	Michael Slevin, 95 Varick st.....	7	4	4	.....	.....
*12	Margaret Cunningham, 248 Hudson st., 588 Broome st.....	1	1	.....	1	1
12	Peter Quinn, 109 Varick st., 563 Broome st.	4	4	4	.....	.....
13	Cannella Salvia, 407 Canal st.....	1	1	1	.....	.....
13	Mary Schult, 54 Grand st.....	1	1	1	.....	.....
	Total.....	511	287	273	49	39

Second Assembly District.

1	Peter Hartman & Co., 57-58 Whitehall st.	9	8	6	.....	.....
1	John Bittner, 64 Whitehall st.	3	2	2	.....	.....
1	Julius F. Delventhal, 43 Whitehall st.	.....	.....	.....	.....	.....
1	Katie Fajen, 49 Whitehall st.	6	1	1	.....	.....
1	Mary E. Magee, 55 Whitehall st.	.....	.....	.....	.....	.....
*1	Louis Bergen, 10-11 South st.	14	7	7	2	2
1	Frederick Fajen, 8 South st.	11	7	7	.....	.....
1	Catherine O'Brien, 12 South st.	20	13	10	.....	.....
1	William Dooling, 38 Front st.	5	.....	.....	.....	.....
1	Charles C. Mahon, 2 Front st.	28	22	22	.....	.....
1	Edward Shea, 6 Front street.	21	14	14	.....	.....
1	Henry Lohman, 13-14 South st.	8	3	3	.....	.....
1	Roeltger & Koster, 5-7 South st.	10	7	7	.....	.....
2	Jeremiah A. Dunleavy, 69 Pearl st.	7	3	3	1	1
2	Otto Parsons, 24 Coenties Slip.	8	1	1	1	2
2	Jeremiah O'Connor, 61 South st.	21	9	8	2	2
2	George Precht, 101 Broad st.	24	11	9	2	2
2	Frank Sherman, 22 Coenties Slip.	14	1	1	.....	.....
3	Elizabeth Blote, 309 Pearl st.	18	13	13	1	1
3	Henry D. Meyer, 119 South st.	20	12	11	.....	.....
3	Lemmermann & Co., 92-93 South st., 2 Fulton st.	9	7	6	.....	.....
3	Emma Law, 91 South st.	25	5	4	.....	.....
3	John D. Stranahan, 1 Beekman st., or 34 Park Row.	2	2	2	.....	.....
3	Dietrich Degenhardt, 111 South st.	4	1	1	.....	.....
3	A. M. Sweets' Sons, 4-6 Fulton st.	18	4	4	.....	.....
4	John H. Irwin, 235 Front st.	11	12	11	1	.....
4	Dennis Sullivan, 45 Cherry st.	9	6	6	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
5	John A. Brunjes, 198-199 South st.....	21	17	16	1	1
*5	Ellen Sullivan, 80 Cherry st., 102 James st.	11	7	6	1	1
5	Alexander Smedberg, 197 South st.....	4	4	4		
*7	Nicholas P. Behos, 26 New Bowery.....	9	4	4	1	1
7	Dennis O'Neill, 51 New Chambers st.....	5	4	4		
*7	Elizabeth Holman, 407 Pearl st.....	23	19	18	7	6
8	Cronin & Murphy, 2 New Chambers st.....	8	7	6		
8	Frederick Kientsch, 48 Rose st.....	8	4	4	1	
8	John Davis, 80 Park Row.....	13	12	12		
8	Albert Rankin, 29 Park Row.....					
8	Charles Furthman, 77-79 Park Row.....					
8	Frank Zunino, 105 Park Row.....	3	3	3		
*8	Joseph Ajello, 20 North William st.....	27	22	22	20	19
8	Alfred Storms, 76-78 Park Row.....	17	9	9		
9	Henry Hillebrand, 515-517 Pearl st.....	25	22	22	2	2
9	Ferdinand Nurge, 475 Pearl st.....	14	7	7		
9	Fred. Kraatz, 100 Park Row, 21 Duane st.	11	6	6		
10	John Enders, 180 Park Row.....					
10	Guiseppi Longobardi, 8 Mulberry st., 192 Worth st.....	1	1	1		
*11	Dominick Milarno, 44-46-48 New Bowery	32	18	18	5	3

*11	Ludovico Gargueto, 2-4 James st.	1	22	6	5
12	William Basson, 61-63 New Bowery.	39	17	7	7
12	Frank Zagarino, 40 Madison st.	18	9		
13	George Horn, Jr., 98-100 Catherine st.	12	6		
13	Edward S. Brannigan, 21 Chatham sq.	8	5		
*13	Mack Breakstone, 22 Chatham square.	15	3	2	2
13	Nils Wehlborg, 23 Chatham Square.	14			
15	Jacob Bescher, 41 Catherine st.. 69 Madison st.	25	19		
18	Gustav Jost, 156 Canal st.	6	3		
18	Albert J. Kramer, 50 Bowery.	1			
19	Michael Driscoll, 41 Mott st.	21	10		
21	Stephen McKeon, 153 Park Row.	12	12		
21	Elise Reuner, 125-127 Park Row.	9	4	1	1
22	James Flynn, 20 Bowery.	50	35	8	8
22	Henry T. Dove, 28 Bowery.	22	17		
Total.....		810	499	72	62

Third Assembly District.

1	William Crowley, 219 Hudson st., 487-489		1		
	Canal st.	4	4		
2	Bridget Johnson, 333 Spring st.	17	12	2	1
2	Anna A. McGuinness, 319 Spring st.	7		1	1
2	Joseph Keller, 325 Spring st.	1			
*2	Ida Cossen, 305 West st.	11	3	1	1
3	Thomas Londrigan, 554 Greenwich st.	8	3		
3	George Stevens, 327 West st.	20	10		
3	Peter McNamee, 334 West st.	10	4	1	1
3	M. A. Carroll, 363 Hudson st.	5	1		

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Third Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
3	M. J. Doherty, 342 West st.....	4	1	1	.....	.....
3	John F. Bruder, 322 West st.....	22	7	7	.....	.....
5	Max Schnabel, 256 Spring st., 134 Varick st.....	8	2	2	.....	.....
7	August Seebold, 2 King st.....	15	13	12	.....	.....
9	Albert J. F. Sibbens, 205 Prince st.....	8	3	2	.....	.....
10	Giovanni B. Cello, 157 Prince st.....	3	3	3	.....	.....
11	Morris Weintoch, 157 Bleecker st.....	.....	.....	.....	.....	.....
11	Joseph Rouquet, 546 West Broadway.....	6	4	4	.....	.....
11	James J. Ripson st.....	6	3	3	1	1
11	George Sullivan st.....	10	4	4	.....	.....
11	Andrew J. Drunn, 78 West 3rd st.....	.....	.....	.....	.....	.....
11	Angelina Lorenzi, 144 Bleecker st.....	2	1	.....	.....	.....
*11	Carrie A. Webb (Broadway-Central Hotel), 669-675 Broadway.....	8	4	4	5	5
11	Frank H. Duffy, 665 Broadway.....	11	8	7	2	2
11	Louis Bermascone, 551 West Broadway.....	8	.....	.....	.....	.....
11	Bartolemo Bertini, 154 Bleecker st.....	5	5	5	.....	.....
12	Ricardo Genaro, 184 Sullivan st.....	.....	.....	.....	.....	.....
12	Carlotta Galli, 177 Sullivan st.....	.....	.....	.....	.....	.....

13	William J. Cooney, 189 Bleeker st., 93	15	12	11	.....	.....
14	.....	12	6	6	.....	.....
15	206-208 Varick st.....	8	3	3	.....	.....
15	216-218 Bleeker st.....	9	8	7	.....	.....
15	James Coyle, 49 Carmine st.....	1	.....	.....	.....	.....
15	McKeever Bros., 15 Carmine st.....	9	8	8	.....	.....
16	Helen Guldner, 400 Hudson st.....	9	.....	.....	.....	.....
17	Joseph Johnson, 348-349 West st.....	5	4	4	.....	.....
18	Henry Stiene, 615 Washington st.....	8	8	7	.....	.....
18	Henry F. McNally, 93 Barrow st.....	16	12	11	.....	.....
18	Edward F. Higgins, 423 Hudson st.....	10	9	8	.....	.....
19	Max Sacumuller, 720 Hudson st.....	8	2	2	.....	.....
22	Joseph Tone, 75 Macdougall st.....	.....	.....	.....	.....	.....
22	Louise Barnasconi, 96 Macdougall st.....	.....	.....	.....	.....	.....
	Total.....	309	167	148	13	12

Fourth Assembly District.

8	Harry A. Maurer, 222 South st.....	17	6	6	3	2
9	Dietrich Deverman, 220 South st.....	23	13	13	.....	.....
13	John McMahon, 227 Division st.....	15	14	13	.....	.....
	Total.....	55	33	32	3	2

Fifth Assembly District.

2	Mary A. Mortimer, 350 Bleeker st.....	24	18	17	1	1
2	Patrick Baxter, 518 Hudson st.....	4	.....	.....	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.
4	Charles A. Laux, 417-419 Bleeker st.	6	6
4	Morris B. Goldberger, 7-9 Abingdon Sq.	3	3
4	George W. Fuchs, 403 Bleeker st.	7	7
5	Diedrich J. Rathkamp, 60 Eighth ave.	5	5
8	William J. O'Brien, 33 Christopher st.	6	6
10	James Calucci, 291 Beach st.		
12	Luke O'Connor, 5 Greenwich st.	6	6
13	Philip Schott, 133 Sixth ave.		
13	Christian M. Ackerman, 21 Greenwich ave.	2	2
14	McKeever Bros., 207 Sixth ave.	4	4
14	Henry Schlobohm, 41 Seventh ave.	12	12
14	Elmer W. Brown, 151 Sixth ave.	12	12
14	John N. Silsbe, 203-205 Sixth ave.		
14	Thomas Nautly, 116-118 West 14th st.	3	3
15	John Hallman, 213-215 Sixth ave.	4	4
15	Klyberg & Feeny, 219 Sixth ave.	1	1
15	Emma Baerwitz, 188 Sixth ave.	9	9
15	Max Päuse, 72 University Place.	9	9
15	Julius Heys, 37 Fifth ave.	7	7
16	Peter O'Rourke, 170 Sixth ave.	13	13
15	Miriam Welsker, 28 West 13th st.	3	3

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
22	Frank Kueppel, 148 East 14th st.....	9	6	5	.....	.....
22	Edward C. Bassett, 144 East 14th st.....	1	1	1	.....	.....
22	Charles Zimmerlin, 46 Third ave.....	1	1	1	.....	.....
22	George Bohling, 135 Fourth ave.....	9	6	5	.....	.....
22	Henry Wright, 138-140 East 13th st.....	.....	.....	.....	.....	.....
22	Henry Riesel, 88 Third ave.....	3	3	3	.....	.....
22	Joseph Schneider, 100 Third ave., 134-136 East 13th st.....	.....	.....	.....	.....	.....
22	August Luchow, 108-114 East 14th st....	4	1	1	.....	.....
	Total.....	306	174	166	10	10

Sixth Assembly District.

1	Annie E. Bearman, 1-7 Bowery.....	28	21	19	1	.....
1	Albert Russell, 27-29 Bowery, 35 Bayard st.....	29	28	26	1	1
2	Howard Margery, 31 Bowery.....	44	38	36	4	3
2	Aaron Herzberg, 39-41 Bowery.....	3	1	1	.....	.....
*2	Robert Reinhardt, 45-47 Bowery.....	19	9	9	4	4
*2	Malky Lyons, 41 Bowery.....	77	48	46	29	20

3	Pierce Brennan, 65 Bowery.....	8	6	6	6	13
3	Henry Kipp, 69 Bowery.....	13	6	6	14	13
4	John Cipriano, 161 Heister st.....	1	2	2	1	1
4	Theodore Stein, 163 Canal st.....	12	19	19	1	1
5	Dennis McEvoy, 219 Canal st.....	19	10	10	1	1
8	John A. Reed, 114 Bowery.....	10	8	8	1	1
8	Charles Laue, 116 Bowery.....	8	50	50	9	7
*8	Samuel Kahn, 148 Bowery.....	50	51	47	9	6
8	George Green, 100 Bowery.....	57	5	4	1	1
8	353 Broome st.....	7	6	6	1	1
9	.3 Bowery.....	16	7	7	1	1
9	Patrick Farley, 133 Bowery.....	7	1	1	1	1
9	James Murray, 129 Bowery.....	1	5	5	1	1
12	n st.....	6	3	3	1	1
13	.....	9	16	16	1	1
*14	.....	20	14	14	1	1
15	.....	16	2	2	1	1
15	st.....	25	4	4	2	2
15	.....	5	24	24	1	1
*16	.....	24	15	15	1	1
*16	.....	15	7	7	1	1
16	.....	9	4	4	1	1
*17	Robie Greenhost, 634-65 First st.....	5	1	1	1	1
*18	Peter Goldman, 7 First st.....	5	2	2	1	1
18	Frederick H. Meyer, 17 Second ave.....	2	2	2	1	1
18	Michael [redacted], 299 Bowery.....	5	1	1	1	1
18	John O'Connor, 303 Bowery.....	1	5	5	1	1
18	Henry Schult, 281 Bowery.....	1	7	7	1	1
18	Jacob F. Lutz, 108 East Houston st.....	7	5	5	1	1

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Sixth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
18	Hattie Eckelmann, 21 Second ave., 26-26½ First st.	31	4	4	1	1
19	Henry L. Muller, 286 Bowery, 82 East Houston st.	6	4	4	1	1
12	Charles Steffens, 15-19 E. Houston st., 138-140 Crosby st.		3	3		
20	Annie Bauer, 361 Bowery, 48 East 4th st.	4	2	2	1	1
20	Harry Strauss, 347 Bowery.	2	2	2		
20	Abraham Goldman, 62 East 4th st.	1	1	1	1	
20	Louis Werner, Jr., 70 East 4th st.	3	2	2		
20	Louis Dessaur, 66-68 East 4th st.	2	2	2	1	1
21	Julius Worne, 85 East 4th st.	17	2	2	1	1
21	Wilhelmina Hoppe, 79 East Fourth st.	1	1	1	1	
22	Wilhelmina Kross, 25 Cooper Square.	4	2	2		
22	William P. King, 39 Cooper Square.	4	4	4		
22	Jeannette Neumayer, 89 Second ave.	5	3	2	1	1
*23	Alexander Bulogh, 103 Second ave.	16	5	5	1	1
24	James Auresbury, 119 Bowery.	3	2	2	1	1
24	Charles F. Wegener, 95 Bowery.	6	2	2		

20	German-American Shooting Society, 12 St. Marks Place.	34	10	1	1
26	Hort & Miller, 71-77 Cooper Square.	0	2	2	2
11	Total.....	64	43	84	64

		Seventh Assembly District.			
		#	1	2	3
1	John J. Donovan, 388-389 West st.	1	1	1	1
1	McKeever Bros., 180-182 Christopher st., 386 West st.	2	2	2	2
2	Fritz Brodt, 180 Barrow st., 384-385 West street.	19	9	10	9
1	Marcy C. Holmes, 679 Greenwich st.	8	3	3	3
1	James L. Dunn, 154 Christopher st.	17	10	6	6
*1	Marie Annette, 14	3	1	1	1
2	Michael A. Burns	10	1	3	1
2	Albert A. Adler, 396-397 West st.	6	3	3	3
2	Gussie Meyer, 406 West st.	2	1	1	1
3	Caroline Davids Meyer, 567 Hudson st., 302 West 11th st.	9	5	5	5
3	Mark L. Brophy, 738 Greenwich st.	7	5	5	5
4	Patrick McGee, 420 West st.	8	3	3	3
5	Mary E. Kenny, 753 Washington st., 43 Bethune st.	7	5	5	5
5	Michael F. Farley, 485 West st.	8	3	3	3
5	James J. McNamara, 772 Grand st., 101 Bank st.	7	6	6	6
6	Peter J. Crotty, 495 West st.	4	4	4	4

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
6	John J. Danaher, 770 Washington st.....	10	7	7	.....	.....
6	Lohmann & Co., 533 West st., 106-108 Gansevoort st.....	6	3	3	.....	.....
6	Frederick Weinburg, 489 West st.....	10	2	2	.....	.....
7	Michael Donnelly, 14 Abingdon Square, 587 Hudson st.....	14	10	9	.....	.....
7	A. & M. McKee, 611 Hudson st., 317 West 12th street.....	9	5	5	.....	.....
9	James Cunningham, 452 West 14th st....	22	15	15	.....	.....
9	Louis Ehrmann, 827 Washington st., Gansevoort & Little West 12th st.....	4	4	4	.....	.....
9	Arthur G. Larkin, 7 Ninth ave.....	3	3	3	.....	.....
9	Patrick J. Molloy, 819 Washington st., 73 Gansevoort st.....	11	7	7	.....	.....
11	David DeWitt, 65 Eighth ave., 301 West 13th street.....	19	10	9	.....	.....
11	William Lisemann, 73 Eighth ave.....	3	2	2	.....	.....
11	John P. Korn, 78 Eighth ave., 256 West 14th street.....	6	5	5	.....	.....
12	Margaret L. Slevin, 201 West 14th st....	24	16	16	.....	.....
					1	1

12	Joseph Weintraub, 80-84 Eighth ave., 259 West 14th st.	21	9	9	188	4	3
15	Richard Grant, 96 Tenth ave.	4	2	2	2		
18	Michael Mulqueen, 122 Ninth ave.	7	4	4	4		
19	Emil at 17th st.	1	1	1	1		
19	Lizzie ave.	1					
19	Rose Maria, 104 Seventh ave.	10	3	3	3		
20	John M. Sperr, 146 Seventh ave.	5	5	4	4		
20	Mary J. Holton, 134 Seventh ave.	14	7	7	7		
20	August Moller, 162 Eighth ave.						
20	Josephine Harrington, 176 Eighth ave.	8	2	2	2		
24	James Nealis, 125 Eighth ave.	1	1	1	1		
25	Joseph J. Haggerty, 116 Seventh ave.	7	6	6	6		
Total.....		323	191	188			

Eighth Assembly District.

2	Max Eisener, 265 Grand st.	12	9	9			
5	John H. Martin, 64 Essex st.	2	2	2			
*5	Fannie Wolf, 33 Essex street.	4	4	4		5	5
7	Adolph Lorber, 274-276 Grand st.						
8	Henry H. Nagel, 269 Broome st.	20	15	14		1	1
10	John Bauer, 316 Broome st.	16	12	10		1	
11	Frank Kempf, 32 Delancey st.	16	15	15			
14	Henry Eibel, 169 East Houston st., 206 Allen st.	18	11	11		1	1
15	Carl Liebowitz, 54 Rivington st., 190 El- dridge st.	10	9	7		2	2

MANHATTAN AND BRONX—(Continued).

12	Hotel Vote.	11	11	5	5
13	Eighth Assembly District—(Continued).	11	11	1	1

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered, not on report.	Number voted not on report.
15	Samuel Rosenthal, 219 Eldridge st.	1	1	1	1	1
15	Joseph A. Porges, 36 Rivington st., 168 Forsyth st.	33	31	31	31	31
	Total.....	132	108	103	10	9

Ninth Assembly District.

1	William O'Connor, 166 Seventh ave.	8	4	4	1	1
2	Patrick Kerr, 184 Seventh ave., 200-202 West 21st st.	16	6	6	6	6
3	Hy. P. F. Pleines, 216 Eighth ave.	1	1	1	1	1
3	Nellie M. Gilhuly, 188 Seventh ave., 201 West 21st st.	16	5	5	5	5
4	John A. Hagemeyer, 259 Eighth ave., 308 West 23rd st.	4	3	3	3	3
6	William Pahl, 470 West 23rd st.	1	1	1	1	1
7	Hy. W. Glahn, 235 Tenth ave.	8	7	7	7	7
7	Frank O'Rourke, 162 Eleventh ave.	19	8	8	8	8
7	James A. Meagher, 213-215 Tenth ave.	15	14	10	10	10
7	Vincent Goodwin, 629 West 23rd st.	5	3	3	3	3

Standard Supplemented with 20% Electrons

[illegible]

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Ninth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
18	Patrick McGirr, 378 Eighth ave., 260 W. Twenty-ninth st.....	3	2	2	.....	.....
18	Henry Goppenbacker, 362 Eighth ave., 261 W. Twenty-eighth st.....	10	8	8	.....	.....
18	Albert 'wenty-eighth st.....	2	.....	.....	.....	.....
20	Michael 9 Ninth ave.....	6	3	3	1	.....
21	John McCauley, 615 tenth ave.....	.....	.....	.....	.....	.....
22	The Chelsea, 216-228 W. Twenty-third st.	25	11	11	9	9
22	John J. Cavanagh, 258-260 W. Twenty-third st.....	19	6	6	.....	.....
22	Mary O'Neill, 212 Seventh ave.....	4	3	3	.....	.....
22	Peter H. Prange, 234 Eighth ave.....	.....	.....	.....	.....	.....
23	Thomas Shields, 333 Ninth ave.....	4	.....	.....	.....	.....
23	Wilhelm Neiheiser, 318 Tenth ave.....	1	1	1	.....	.....
23	Edward 314 Tenth ave., 457 W. 7 st.....	7	6	6	.....	.....
24	George 381 Eighth ave., 300 W. 7 twenty-ninth st.....	3	2	2	.....	.....
24	Minnie Bogner, 401 Eighth ave., 300 W. Thirtieth st.....	8	6	5	.....	.....

*24	James E. Smith, 332 Ninth ave., 361 W. Twenty-ninth st.....	7	3	3	1	1
25	Elizabeth Zwick, 256 W. Thirtieth st.....	8	6	6	.....	.....
25	Elizabeth M. Miller, 253 W. Twenty-ninth st.....	12	10	10	.....	.....
25	Andrew Schlaeppe, 205 W. Twenty-ninth st.....	3	2	2	.....	.....
25	Julius T. Dierks, 398 Eighth ave., 260-262 W. Thirtieth st.....	7	4	3	2	2
25	Lizzie Ahern, 382 Eighth ave., 261 W. Twenty-ninth st.....	12	5	5	1	1
	Total.....	469	223	216	23	22

Tenth Assembly District.

1	Landsman & Son, 232 Broome st.....	2	2	2	.....	.....
4	Max Schwartz, 255-263 E. Houston st.....	2	.....	.....	.....	.....
4	Henry F. Schilling, 225 E. Houston st.....	2	2	2	.....	.....
*5	Sigmund Leokovits, 282 E. Houston st.....	5	1	1	4	4
*6	Max Anger, 162 Second st.....	12	5	5	1	1
6	Christian F. Hesse, 24 Avenue A.....	7	6	6	.....	.....
7	Alfred Von Wildner, 197 E. Fourth st.....	1	1	1	.....	.....
8	Margaret Koenig, 92 Avenue A.....	13	11	10	.....	.....
8	Victor Soeller, 84 Avenue A.....	4	4	4	.....	.....
10	Henry M. Fick, 132 First ave., 90 St. Marks Place.....	2	1	1	.....	.....
11	Gesa Jezsik, 431 Sixth st.....	2	.....	.....	.....	.....

MANHATTAN AND BRONX.—(Continued).

HOTEL VOTE.

Tenth Assembly District.—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report..	Number voted not on report..
11	Gebhard Zeller, 116 First ave., 90 Seventh st.....	11	8	8	1	1
*11	John Lippig, 101 Avenue A.....	15	4	3	1	1
11	Carrie V. Bundshe, 109 Avenue A.....	1	2	2	3	3
13	Adam Kekule, 139 E. Fourth st.....	3	19	18		
15	Edward Klein, 31 Avenue A.....	6	3	2		
16	Lena Bayer, 9 Avenue A.....	22	15	13		
17	Thomas Róthmann, 38-40 Second ave.....	14	6	6		
19	Matilda Telmany, 76 Second ave.....	130	70	63	9	9
22	Veron Liyety, 126 Second ave.....					
23	Frederick Vollmer, 42 Avenue A.....					
	Total.....					

Eleventh Assembly District.

*1	Elizabeth Higgins, 384 Tenth ave., 362 W. Twenty-third st.....	11	8	8	2	2
2	Michael McCourt, 369 Ninth ave., 400 W. Thirty-first st.....	4	4	4	1	1
*3	John W. Brutton, 403 Eighth ave.....	10	6	6	1	1

3	Percival D. Graf, 352 Ninth ave.	10	.....	.....	.....	.....	.....
4	Charles Boyle, 411 Ninth ave., 401 W. Twenty-third st.	2	2	.....	.....	.....	.....
10	Martin Bollten, 480 Eighth ave., 271 W. Thirtieth st.	11	11	2	.....	.....	.....
11	Fra 496 Eighth ave.	12	9	11	1	.....	.....
11	Elizabeth Allen, 450 Eighth ave.	9	7	9	.....	.....	.....
11	Mary Coffey, 442 Seventh ave.	7	3	7	2	.....	.....
13	William L. Musgrave, 662 W. Thirty-fourth st.	.....	.....	3	1	.....	.....
13	Maria Danner 412 Eleventh ave., 559 W. Thirtieth st.	.....	.....	.....	.....	.....	.....
13	..... 500 W.	10	2	.....	.....	.....	.....
13	..... 570	14	11	.....	.....	.....	.....
13	Thirtieth st.	14	8	.....	.....	.....	.....
15	..... 305 W.	5	.....	.....	.....	.....	.....
16	.....	13	4	.....	.....	.....	.....
16	.....	10	6	.....	.....	.....	.....
16	.....	2	2	.....	.....	.....	.....
16	Hotel York, Inc., 400-412 Seventh ave.	21	19	18	3	.....	.....
16	Albert Finger, 472 Seventh ave.	5	5	5	.....	.....	.....
17	William Banks, 206 W Thirtieth st.	1	1	1	.....	.....	.....
17	Augusta Arens, 520	9	.....	.....	.....	.....	.....
18	Thomas J. Diggs, 336 W. Thirtieth st.	1	1	1	1	.....	.....
19	Thomas Cabill, 467 Ninth ave., 400 W. Thirtieth st.	7	5	5	.....	.....	.....
	Total.....	188	114	113	11	.....	8

MANHATTAN AND BRONX--(Continued).

HOTEL VOTE:

Twelfth Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*2	Jacob Malbin, 380 Grand st.....	9	4	4	1	1
2	Gerson Rosenberg, 151 Clinton st.....	5	4	4	.....	.....
3	George R. King, 166 Delancey st., 102 Clinton st.....	13	9	2	.....	.....
*14	Francis J. Egan, 590 Grand st.....	54	23	22	2	2
15	Louis Geils, 620 Grand st.....	10	10	9	.....	.....
	Total.....	91	50	41	3	3

Thirteenth Assembly District.

3	Michael J. Quinn, 507 Ninth ave.....	11	11	11	.....	.....
6	John Donohue, 502 Ninth ave.....	15	2	1	.....	.....
6	James Lawlor, 571 Eighth ave.....	8	5	5	.....	.....
7	Lillian Roach, 201 W. Thirty-eighth st....	9	5	4	.....	.....
7	Navarre Hotel Imp. Co., 500-508 Seventh ave., 200-212 W. Thirty-eighth st.....	2	.....	.....	.....	.....
8	Catherine McGirr, 558 Seventh ave.....	3	3	3	.....	.....
8	Emma Oltmann, 572-574 Eighth ave.....	8	2	2	1	.....
8	Catherine Sexton, 600 Eighth ave.....	10	7	7	.....	.....

8	Hugh Reilly, 596-598 Eighth ave.....	12	3	2	.....	.....	.....
8	Regina J. Lippmann, 570 Eighth ave..	7	.....	.....	.....	.....	.....
8	Daniel J. Shea, 618 Eighth ave.....	6	3	3	.....	.....	1
10	Martin J. Farrell, 562 Ninth ave., 357 W. Forty-first st.....	11	7	7	.....	.....	.....
10	Reinhold Adler, 342 W. Forty-second st..	7	3	3	.....	.....	.....
*10	Brayil J. Bryant, 323 W. Forty-first st...	3	1	1	.....	.....	1
10	William Volk, 661-663 Eighth ave., 301 W. Forty-second st.....	6	5	3	.....	.....	1
10	Martin Nagel, 568 Ninth ave.....	4	3	3	.....	.....	.....
12	Peter J. Heagen, 466 W. Forty-second st..	11	8	8	.....	.....	.....
13	Bernard Daly, 576 Tenth avenue.....	6	2	2	.....	.....	2
13	William J. Daniel, 583 Ninth ave., 401 W. Forty-second st.....	14	5	5	.....	.....	1
14	546 Eleventh ave.....	10	3	3	.....	.....	.....
14	or, 560-570 W. Forty-second st., 550-552 Eleventh ave.....	16	11	11	.....	.....	2
15	Michael Kelleher, 575 Tenth ave., 501 W. Forty-second st.....	21	16	16	.....	.....	.....
15	William Mitchell, 553 Eleventh ave., 601 W. Forty-second st.....	11	6	6	.....	.....	.....
*15	James Daly, 554 Eleventh ave., 563 W. Forty-second st.....	5	4	4	.....	.....	5
18	Ann Owens, 609 Eleventh ave.....	.....	.....	.....	.....	.....	1
18	Mamie Dunn, 610 Eleventh ave., 561 W. Forty-fifth st.....	15	14	14	.....	.....	.....
20	Fritz Herse, 536-538 W. Forty-first st....	10	2	2	.....	.....	.....
Total.....		241	131	126	15	14	

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Fourteenth Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
1	Benvit Haas, 218 E. Ninth st.....	5	4	4	.....	.....
1	Theresa Wundling, 39 Third ave.....	1	.....	.....	.....	.....
1	Straub & Zimmerman, 23 Third ave.....	4	2	2	.....	.....
1	Dezso Fuchs 19-23 St. Marks Pl.....	.....	.....	.....	.....	.....
1	Thom 31 Third ave.....	17	6	6	.....	.....
1	Margt 43-45 Third ave.....	9	1	1	8	8
*2	Paul 75 Third ave.....	7	6	5	1	1
3	John C. Maurer, 237 First ave.....	19	4	4	.....	.....
5	Henry Stricker, 147 First ave., 347 E. Ninth st.....	8	4	4	.....	.....
5	Hungarian Rest. Co., 156 Second ave., 200 E. Tenth st.....	14	8	8	.....	.....
8	John Hasselbach, 425 E. Ninth st.....	6	5	5	11	11
*15	James Smith, 293 E. Tenth st.....	2	2	2	.....	.....
19	Gertrude Bub, 161 Avenue B.....	1	1	1	.....	.....
23	Lena Hoberg, 119-121 Third ave.....	6	3	3	1	1
*25	Franz Alter, 169 First ave.....	8	7	7	.....	.....
25	Charles Grambow, 225 E. Tenth st.....	.....	.....	.....	.....	.....
	Total.....	107	53	52	21	21

Fifteenth Assembly District.

1	John McGinn, 621 Ninth ave.	7	1	1	1	1
2	Fritz Wendel, 620 Ninth ave.	3	3	3	3	3
2	Kate Mathews, 699 Eighth ave.	11	5	5	5	5
2	Philip Schaefer, 352 W. Forty-fourth st.	11	3	2	2	2
2	Jacob Paterson and Ninth ave.	5	5	5	5	5
2	Frank Ninth ave.	4	4	3	3	3
3	Martin Tenth ave.	11	9	9	9	9
4	Josept 707 Eighth ave.	8	6	6	6	6
4	Josept Eighth ave.	6	4	4	4	4
*7	Joseph Kruger, 678 Ninth ave.	12	5	3	3	3
10	Mary Lanehan, 643 Eleventh ave.	10	6	4	4	4
10	Patrick Kelleher, 645 Eleventh ave.	6	5	3	3	3
15	Thomas Brodmerkel, 424 W. Forty-ninth st.	6	5	5	5	5
18	Ella Miller, 771 Eighth ave.	16	7	7	7	7
18	Jennie Sullivan, 682 Ninth ave.	13	9	8	8	8
18	Matilda Luger, 690 Ninth ave.	16	16	16	16	16
20	Bernard Reilly, 831 Eighth ave.	11	2	2	2	2
22	William Cabill, 871 Eighth ave.	11	3	3	3	3
22	Ida F. Petry, 887 Eighth ave., 300 W. Fifty third st.	8	7	7	7	7
Total.....		169	100	93	11	11

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.
Sixteenth Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
5	Joseph Roth, 15 Avenue B.....	1	1	1	.....	.....
*5	Max Smith, 326-328 E. Houston st.....	3	2	2	1	1
6	Henry Spergel, 10 Avenue C.....	11	6	5	.....	.....
	Total.....	15	9	8	1	1

Seventeenth Assembly District.

1	Patrick Bohan, 517 W. Forty-ninth st.....	9	8	8	.....	.....
2	Johanna Mullane, 735 Tenth ave., 500 W. Fiftieth st.....	6	6	6	.....	.....
2	James E. Daly, 680 Twelfth ave.....	6	6	6	.....	.....
5	John McGowan, 761 Ninth ave., 403 W. Fifty-first st.....	9	5	5	.....	.....
6	John McCauley, 721 Eleventh ave.....	11	9	9	.....	.....
7	Charles Umhey, 778 Twelfth ave.....	7	5	5	.....	.....
11	Carrie Morris, 911 Eighth ave.....	4	.....	.....	.....	.....
*13	Ellen Loughlin, 831 Tenth ave., 501 W. Fifty-fifth st.....	17	13	9	2	1
16	Michael J. Lawlor, 861 Tenth ave.....	7	5	5	.....	.....
18	Eugene Schleip, 991 Eighth ave.....	2	.....	.....	.....	.....

18	John Reisenweber, 987 Eighth ave., 300 W. Fifty-eighth st.....	5	5	5	.....
19	Jerome E. Canavan, 852 Eleventh ave.....	.....	.....	.....	.....
20	Walter Watson, 301 W. Fifty-ninth st.....	1	1	1	.....
20	Von Glahn & Waje, 355-359 W. Fifty-ninth st., 1 Columbus ave.....	10	6	3	3
20	Catherine Scallon, 1841 Broadway.....	9	8	7	.....
20	Henry M. Ritscher, 23 Columbus ave.....	.....	.....	.....	.....
20	William W. Hulett, 1823 Broadway.....	.....	.....	.....	.....
	Total.....	103	77	72	5
					4

Eighteenth Assembly District.

1	Louisa Goetz, 180 Third ave.....	14	.....	.....	.....
1	John McNamara, 220-222 Third ave.....	7	6	6	.....
1	Bernhard Zeimer, 130-132 Third ave.....	2	1	1	.....
1	Arthur F. W. White, 136 Third ave.....	.....	.....	.....	.....
1	Wm. Allaire, 190-194 Third ave.....	5	5	5	.....
*1	Frithof Anderson, 152-160 Third ave., 144 E. Sixteenth st.....	2	2	2	5
1	Joseph Martin, 150 Third ave.....	2	2	2	.....
1	Richard Luedeke, 140-142 Third ave., 146 E. Fifteenth st.....	3	3	3	.....
1	Sarah Lubitz, 146 Third ave.....	1	1	1	.....
*1	Patrick J. O'Keefe, 126-128 Third ave., 149-155 E. Fourteenth st.....	10	10	10	3
1	Herbert Courte, 119 E. Fourteenth st.....	2	.....	.....	.....
2	Edward Sullivan, 125 Third ave., 201 E. Fourteenth st.....	12	4	3	1

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Eighteenth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
2	Henry Spiron, 137 Third ave.....	.....	.....	.....	.....	.....
2	Weber & Co., 139-141 Third ave.....	1	1	1	.....	.....
*6	James Duffy, 255-257 Avenue C.....	12	6	6	7	6
14	John J. Donnelly, 213 Third ave.....	3	.....	.....	.....	.....
14	Patrick Craig, 223 Third ave.....	12	11	11	.....	.....
18	Fritzel & Co., 283-285 Third ave.....	9	2	2	.....	.....
18	Emil Meserik, 393 Second ave.....	10	4	4	.....	.....
20	Arthur Sheridan, 391 First ave.....	3	2	2	.....	.....
20	Israel Schwarzmenn, 398 Second ave.....	17	3	3	.....	.....
21	Kate Smyth, 402 Second ave.....	8	7	7	.....	.....
*21	Andrew Roberts, 393 First ave., 353 E. Twenty-third st.....	19	18	18	4	4
22	Martin J. Fitzpatrick, 411 First ave.....	11	9	9	.....	.....
22	John H. Volze, 427 First ave.....	5	5	5	.....	.....
23	Anna Dohrman, 444 First ave.....	6	6	6	.....	.....
24	George Breezer, 163 Third ave., 202 E. Sixteenth st.....	4	4	4	1	.....
24	Dominico Nicola, 187 Third ave.....	.....	.....	.....	.....	.....
24	George M. Still & Co., 195-197 Third ave.	3	3	3	.....	.....
24	Wm. H. Dickinson, 165 Third ave.....	9	2	1	.....	.....

24	Wm. J. Burke, 203 Third ave.....	4	3	3	8	.....	.....
26	Charles Joch, 355 Second ave.....	5	5	5	4	.....	.....
*26	Herman Apmann, 261 Third ave.....	10	3	3	3	5	5
28	Joseph Schlesinger, 372 Avenue A, 500 E. Twenty-third st.....	12	5	5	5	1	1
	Total.....	223	133	130	28	25	

Nineteenth Assembly District.

2	Sarah McGee, 20 Amsterdam ave., 201 W. Sixtieth st.....	8	8	8	8	.....	.....
3	Lizzie Wunschmann, Sixty-first st. and Eleventh ave.....	3	2	2	2	.....	.....
7	Wm. J. Quinn, 75 Columbus ave.....	13	9	9	4	.....	4
7	Diedrich Neimeyer, 1936 Broadway.....	.....	.....	.....	.....	.....	.....
7	Louis Jacobs, 61-65 Columbus Ave.....	3	2	2	.....	.....	.....
12	Marie Antoinette Hotel, 1961-1979 Broad- way.....	17	11	11	28	4	4
12	Albert S. Thompson, 1970-72 Broadway.....	9	7	7	3	3	3
12	Julius Busse, 1981 Broadway.....	2	2	2	.....	.....	.....
12	Patrick H. Troy, 149 Amsterdam ave.....	1	1	1	.....	.....	.....
12	Wm. McDowell, 155 Amsterdam ave.....	5	1	1	.....	.....	.....
16	John J. Burns, S. W. cor. Amsterdam ave and 61st st.....	.....	.....	.....	.....	.....	.....
16	..... Co., 2039 Broadway.....	3	3	3	14	1	1
16	..... Co., 344-346 W. Seventy- second st.....	74	29	29	2	2	2
*17	Wm. M. Fleming, 104 W. Seventieth st.....	63	26	26	6	6	6

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Nineteenth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residences.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*18	Majestic Hotel Co., 2 W. Seventy-second st.....	25	10	10	29	29
*19	LaRochelle Co., 321-327 Columbus ave....	17	10	10	7	7
21	Andrew Robertson Co., 219-229 W. Seventy-second st.....	21	11	11	2	2
*21	John Kelly (Ansonia), 228 W. Seventy-fourth st.....	12	8	8	73	69
*22	Manhattan Sq. Hotel Co., 50-58 W. Seventy-seventh st.....	25	5	5	22	22
*23	Milton Roblee (Beauclaire), 2173 Broadway.....	76	22	22	2	2
*25	Luzerne Hotel Co., 201 W. Seventy-ninth st.	60	26	26	5	5
28	Christian Kruse, 2306-2308 Broadway.....	10	7	7	.....	.....
29	Elizabeth C. Stillgebauer 496 Columbus ave., 100 W. Eighty-fourth st.....	1	1	.....	.....	.....
29	Joseph P. Kennelly, 482-488 Columbus ave., 101 W. Eighty-third st.....	3	1	1	.....	.....
35	James R. Murphy, 60 Columbus ave.....	9	7	7	.....	.....
35	Fred Dornheim, 70 Columbus ave.....	10	7	7	1	1
37	Thomas Healy, 143-147 Columbus ave.....	2	2	2	.....	.....
37	Phil F. Clark, 141 Columbus ave.....	.....	.....	.....	.....	.....

39	Lizzie Brede, 200 Amsterdam ave.....	9	4	4	.....	.....
42	Karl Schaedler, 2126 Broadway.....	5	3	.....	.....	.....
42	John J. Weber, 2140 Broadway.....	10	7	.....	.....	.....
43	Elizabeth H. Dow, 416 Columbus ave.....	50	.....	.....	.....	.....
43	Cornelius Daly, 340 Amsterdam ave., 201- 203 W. Seventy-sixth st.....	20	12	11	2	2
*43	John J. Mooney, 2180 Broadway, 231 W. Seventy-second st.....	18	4	3	1	1
44	Jo.....	7	1	1	.....	.....
*45	Jo.....	.....	.....	.....	.....	.....
	4 Columbus ave., 101	.....	.....	.....	.....	.....
	102 W. Eighty-second st.....	23	20	17	16	16
*46	Anderson & Price Co. (Bretton Hall), 2340- 2354 Broadway, 215-221 W. Eighty-fifth st., 208-214 W. Eighty-sixth st.....	21	14	14	29	29
	Total.....	635	283	277	246	205

Twentieth Assembly District.

*1	Frank J. Keyes, 319 Third ave.....	9	6	6	1	1
1	Gevert Wendelken, 318 Third ave.....	2	2	.....	.....	.....
1	John Hester, 208 Third ave.....	6	4	4	.....	.....
*1	Roma.....	7	3	3	7	7
1	Frank.....	.....	.....	.....	.....	.....
	23d st.....	7	6	6	.....	.....
1	Johann Hockelman, 37-39 Lexington ave.	.....	.....	.....	.....	.....
1	Quick & Co., 321-323 Third ave.....	.....	.....	.....	.....	.....
1	Bernard McManus, 337 Third ave.....	.....	.....	.....	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twentieth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
2	Charles Braff, 161 East 25th st., 340 Third ave.....	.....	.....	.....	.....	.....
*2	James Byrne, 355 Third ave.....	3	2	1	5	5
2	Siegel & Fiener, 349 Third ave.....	9	8	8	2	2
2	Bertha Braff, 336-338 Third ave., 160 East 25th st.....	1	1	1		
2	Benjamin Lichtblau, 61 Lexington ave.....	.....	.....	.....	.....	.....
2	John Facklamm, 77 Lexington ave., 32 East 26th st.....	3	1	1	1	1
2	Elizabeth Rurode, 41 Lexington ave.....	.....	.....	.....	.....	.....
2	Henry Nobel, 57-59 Lexington ave.....	2	.....	.....	.....	.....
3	Maria G. Shields, 442 Second ave., 301 East 25th st.....	7	5	5		
4	Patrick J. Curley, 476 Second ave.....	5	4	4		
5	Rosette McKenna, 359 Third ave.....	.....	.....	.....	.....	.....
6	Meta Exner, 390 Third ave.....	.....	.....	.....	.....	.....
6	Melville Kennedy, 81 Lexington ave.....	9	4	4		
6	Patrick Gilligan, 376 Third Ave.....	.....	.....	.....	.....	.....
6	Edward Sweeney, 410-412 Third ave.....	6	6	6		
*8	Barnhard Matthers, 327 East 27th st.....	7	5	5	5	5
8	Henrietta P. Stange, 328 East 28th st.....	13	8	8		

9	Fredk. J. O'Brien, 540 Second ave., 300 East 30th st.....	15	4	4	.....	.....
10	John Belford, 448 Third ave., 162 East 31st st.....	7	5	4	.....	.....
10	Annie Moriarity, 416 Third ave.....	14	12	11	.....	.....
11	H. L. Forester, 561 Second ave., 250 East 31st st.....	5	4	4	.....	.....
11	Maria McGrath, 467 Third ave., 200 East 32nd st.....	8	6	6	.....	.....
11	James Cassidy 431-433 Third ave., 201 East 30th st.....	17	3	1	1	1
12	Michael F. Sharkey, 542 Second ave., 301 East 30th st.....	8	6	6	.....	.....
14	Catherine Doris, 584 Second ave., 301 East 32nd st.....	7	5	5	.....	.....
15	Mary M. Nugent, 470 Third ave.....	.....	.....	.....	.....	.....
15	Annie O'Brien, 484 Third ave.....	2	2	2	.....	.....
16	Henry Ludeking, 512 Third ave.....	7	6	2	.....	.....
16	John F. Wellbrock, 501-503 Third ave., 200 East 34th st.....	10	2	2	.....	.....
17	Peter L. Flore, 410-412 East 34th st.....	1	1	1	.....	.....
17	Patrick Farrelly, 591 First ave.....	5	5	5	.....	.....
17	John T. Murphy, 604 Second ave., 301 East 33rd st.....	14	9	9	.....	.....
17	Michael M. Kehoe, 620 Second ave., 300 East 34th st.....	7	6	6	2	2
17	Thomas Murtha, 593 First ave., 348 East 34th st.....	13	5	5	.....	.....
18	Wilhelm Gudat, 417 East 34th st.....	9	7	6	.....	.....
18	Wm. J. McSherry, 409 East 34th st.....	8	6	6	1	1

MANHATTAN AND BRONX—(Continued).
HOTEL VOTE.
Twentieth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
18	P. W. Walsh, 622 Second ave., 300 East 34th st.....	9	7	7	2	2
18	Patrick J. Maloney, 638 Second ave., 300 East 35th st.....	9	6	5	1	1
19	Wm. Henning, 623 Second ave., 245 East 34th st.....	12	3	3	1	1
20	John Malloy, 541 Third ave., 200 East 36th st.....	4	4	4	.....	.....
21	Thomas Conlon, 578 Third ave., 157 East 38th st.....	11	10	9	.....	.....
	Total.....	298	189	175	28	28

Twenty-first Assembly District.

11	Meyer & Hellwinkel, 691 Columbus ave....	3	1	1	.....	.....
11	Louis M. Schmidt, 775 Amsterdam ave....	24	10	10	.....	.....
13	Herman R. Weiber, 721 Columbus ave., 77 West 95th st.....	11	5	5	1	1
*18	Annie Corrigan, 327 West 96th st.....	5	2	1	1	1

19	Michael Finnegan, 405 Central Park West, 1 West 100th st.....	12	6	6	.....	2
*24	Philip Lionesch, 862 Amsterdam ave.....	5	4	4	.....	2
*38	James W. Flannery, 300 West 116th st., 2151 Eighth ave.....	6	1	1	.....	1
39	Arthur P. Fegert, 2150 Eighth ave.....	6	1	1	.....	.....
45	Gus. Stillgebauer, 2581-2587 Broadway...	2	2	2	.....	.....
47	Wm. Schaaf, 2874 Broadway.....	1	1	1	.....	.....
47	Lizzie Clemens, 400 Riverside Drive.....	3	2	2	.....	.....
*52	Severance & Son (Severance Hotel) 210- 216 West 94th st.....	24	18	16	.....	4
58	John J. Cryan, 96-98 West 103rd st.....	24	5	5	.....	.....
62	J. N. McGowan's Pass Tavern, Central Park	7	1	1	.....	.....
62	George Gallagher, 216-222 West 110th st.	.....	.....	.....	.....	.....
63	Hans Reuschbach, 2760 Broadway.....	2	1	1	.....	.....
64	Michael N. Muller, 2828 Broadway.....	2	.....	.....	.....	.....
67	Peter J. Higgins, 2125 Eighth ave.....	9	9	9	.....	.....
*68	Patrick J. Fay, 2154 Eighth ave., 261 West 116th st.....	8	8	7	.....	8
*69	Cecil Co. (Hotel Cecil), 206 West 118th st.	5	3	3	.....	.....
72	Wm. E. Gunn, 307 West 98th st.....	54	25	22	.....	1
Total.....		213	105	98	19	18

Twenty-second Assembly District.

*1	Jacob Gugelman, 227 East 51st st.....	10	5	5	.....	5
4	John J. McAfee, 600 Third ave.....	.....	.....	.....	.....	.....
6	Sarah M. Jennings, 152 East 42nd st.....	5	3	3	.....	.....
6	John J. Redner, 389-391 Lexington ave..	.....	.....	.....	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twenty-second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
6	Joseph Seufert, 222 East 42nd st.....	10	2	2	.....	.....
6	Jennie Jaeger, 657 Third ave., 200 East 47th st.....	7	3	3	.....	.....
6	Anna O'Keene, 155 East 41st st.....	14	7	7	.....	.....
6	Mark Buckner, 158-158 East 42nd st.....	.....	.....	.....	.....	.....
8	Wm. Haney, 697 Third ave., 200 East 43rd st.....	9	5	5	.....	.....
9	Matthew Chine, 395 Lexington ave.....	5	5	5	.....	.....
*9	Fredk. K. Dempwolf, 157-159 East 42nd st.....	2	2	2	1	.....
9	John McGowan, 676 Third ave., 156 East 43rd st.....	4	.....	.....	.....	.....
*9	Margaret Higgins, 153 East 42nd st.....	7	7	7	2	2
10	Margaret Conroy, 683 Third ave., 201 East 43rd st.....	6	2	2	.....	.....
12	Wm. C 193 First ave.....	10	4	4	2	2
13	Herna 4 East 45th st.....	3	3	2	.....	.....
13	Hugh 1 23 Third ave.....	5	.....	.....	.....	.....
13	James F. Ledwith, 719 Third ave.....	.....	.....	.....	.....	.....
14	George Williams, 740 Third ave., 163 East 46th st.....	14	10	10	.....	.....

15	George McGovern, 741 Third ave., 201 East 46th st.....	18	10	10	.....	.....
16	John Reinhard, 852 First ave.....	16	10	10	.....	.....
17	Walter Adolph, 343 East 47th st.....	8	5	5	.....	.....
21	John H. Fischer, 517 Lexington ave.....	.....	.....	.....	.....	.....
23	Emma Link, 233-235 East 38th st.....	7	4	4	.....	.....
	Total.....	160	87	86	14	12

Twenty-third Assembly District.

2	McKeever Bros., 2325-2327 Eighth ave., 300-304 West 125th st.....	17	11	11	2	1
2	Murphy & Olvoney, 2329 Eighth ave., 301 West 125th st.....	16	15	14	1	.....
4	R. A. Gusher Co., Claremont Hotel, Riverside Drive.....	1	1	.....	.....	.....
6	John B. Johnson, 59 Manhattan St.....	15	13	13	.....	.....
7	Annie L. McCarthy, 383 West 125th st., 141 Morningside ave.....	7	6	6	.....	.....
7	Frank D. Archibald, 361 West 125th st....	4	3	3	.....	.....
*13	John J. Kelly (Kingston House), 2280 Seventh ave., 201 West 134th st.....	11	9	8	7	.....
21	Henry Damran, 2639 Eighth ave.....	6	2	2	.....	.....
23	Daniel Rafferty, 1624 Amsterdam ave.....	.....	.....	.....	.....	.....
25	Margaret Browne, 2522 Seventh ave.....	.....	.....	.....	.....	.....
25	Henry Raquet, 2696 Eighth ave.....	6	2	2	.....	.....
27	Wm. Callahan, 301 West 145th st., 2729 Eighth ave.....	9	8	8	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twenty-third Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
29	Rebecca Hasse, 1754 Amsterdam ave., 500 West 147th st.....	8	7	7	2	2
*31	Troger Bros., Southeast corner St. Nicholas ave. and Evergreen ave.....	.....	.....	.....	1	1
32	John H. Farrell, 464 West 155th st.....	5	.....	.....	1	.....
34	Michael Wundt, 1974-1976 Amsterdam ave.....	2	.....	.....	.....	.....
35	Marie Diehl, 1982-1984 Amsterdam ave ..	5	1	1	2	2
35	Michael Kern, 1980 Amsterdam ave.....	1	1	1	.....	.....
36	Chas. A. Crowley, 2044 Amsterdam ave....	8	6	5	.....	.....
37	Benj. Moses, 2157-2159 Amsterdam ave....	2	2	2	.....	.....
37	Meta Guterding, Amsterdam ave., 169th and 170th st.....	3	3	3	.....	.....
37	Bridget O'Connor, 518 West 168th st.....	6	1	1	.....	.....
38	West End Hotel Co., Frank Koch, Pres., Ft. Washington Park.....	4	4	4	.....	.....
39	Patrick Carrigee, 2520 Amsterdam ave., 503 West 185th st.....	4	4	4	.....	.....
39	Nelly Kelly, 2495 Amsterdam ave.....	3	2	1	.....	.....
39	Michael Saraphine, 2521 Amsterdam ave....	6	2	2	.....	.....
39	Anna S. Porter, northwest corner 181st st. and Amsterdam avenue.....	2	2	2	.....	.....

40	Wm. E. York, 25 Dykman st.	6	2	2	1	1	1
40	Wm. A. Roos, 5189 Broadway.	7	7	1	1	1	1
41	Fredk. Ostermann, 2654 Eighth ave.	4	3	1	1	1	1
42	Wm. T. McAvoy, 695 Lenox ave.	7	4	1	1	1	1
44	Clara Luhring, northwest corner 154th st. and McComb's Dam Lane.	1	1	1	1	1	1
44	Mathias Haas, southeast corner 155th st. and Eighth ave.	1	1	1	1	1	1
45	John O'Neil, 2287-2289 Eighth ave., 302-304 West 123rd st.	1	1	1	1	1	1
50	John J. Donnelly, 617 West 129th st.	20	10	10	10	10	10
50	Fred. Roberts, northwest corner 12th ave. and 130th st.	7	4	4	4	4	4
*50	Garret Culhane 194 Manhattan st.	9	1	1	1	1	1
*51	Michael J. Barry, 2384 Old Broadway.	19	19	19	19	19	19
51	Mary J. Morris, 1474 Amsterdam ave., 500 West 133rd st.	8	6	6	6	6	6
52	Annie Cooper, 2525 Fifth ave.	7	3	3	3	3	3
59	Diedrich F. Kahn, ave.	1	1	1	1	1	1
60	Herman F. Passet, 336 W. 143rd st.	5	5	5	5	5	5
64	Thomas J. Beck, 4601 Broadway.	4	1	1	1	1	1
64	Fort George Amusement Co., 194th st. and Ft. George ave.	4	3	3	3	3	3
64	Michael Seraphine, 197th st. and Ft. George ave.	3	1	1	1	1	1
64	John F. Schulties, 196th st. and Ft. George ave.	2	1	1	1	1	1
64	John Peechar, 198th st. and Ft. Washington ave.	2	1	1	1	1	1

MANHATTAN AND BRONX--(Continued).

HOTEL VOTE.

Twenty-third Assembly District--(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
64	Charles Wendel, 194th st. and Amsterdam ave.....	2	2	2	.....	.....
64	Warren & Co., northeast corner 191st. and Amsterdam ave.....	6	4	3	.....	.....
64	Wm. Jarucke, 4565 Broadway.....	4	1	1	.....	.....
64	Louis Marble, 195th st. and Ft. George ave.	3	3	2	.....	.....
63	Charles Jaeger, 162nd st. and Ft. Washington ave.....	2	2	2	.....	.....
	Total.....	283	188	178	20	8

Twenty-fourth Assembly District.

*1	Matthew McGovern, 877 Third ave., 201 East 53rd st.....	12	9	9	1	1
1	Otto Hahn, 1027 Second ave.....	11	1	1	.....	.....
7	Sayshie Herget, 905 Third ave.....	8	2	2	.....	.....
*9	Anton Rieth, 155 East 57th st.....	.....	.....	.....	4	4
14	J. Murphy Humphrey, 214 East 59th st..	.....	.....	.....	.....	.....
14	Helen Boegner, 969 Third ave.....	1	.....	.....	.....	.....

14	Adolph Luckman, 985 Third ave.....	2			2	.....	.....
14	Lucie F. Ebling, 972 Third ave.....	5			1	.....	.....
14	Otto Sonneberg, 961 Third ave.....	8			1	.....	.....
14	Susskind & Rehfeldt, 146-156 East 59th st., 145-155 East 58th st.....	1			1	.....	.....
14	Oscar Krueger, 739-741 Lexington ave...	5			5	.....	.....
*16	Anna Furth, 1015 Third ave.....	.....			.....	4	4
16	Margaret M. Kenny, 1009 Third ave., 200 East 60th st.....	4			4	.....	.....
16	Jeremiah Sullivan, 991 Third ave., 201- 203 East 59th st.....	3			3	.....	.....
17	Valentine Spielman, 1093 First ave.....	13			10	.....	.....
17	Mary Walsh, 1158 Second ave.....	.....			.....	.....	.....
20	Wm. Finnerty, 1069 Third ave., 200 East, 63rd st.....	8			7	.....	.....
*22	Auguste Wahl, 1130 First ave., 401 East 62nd st.....	10			1	4	3
23	James J. Cone, 1091 Third ave., 201 East 64th st.....	1			1	.....	.....
Total.....		92			48	47	13
							12

Twenty-fifth Assembly District.

1	Chas. F. Auger, 105 West 16th st.....	4			1	.....	.....
2	Elizabeth McCusker, 135 Seventh ave., 171 West 18th st.....	14			9	.....	.....
2	Delia Rowan, 110 West 18th st.....	9			5	.....	.....
*2	Mary Renahan, 105 West 17th st.....	5			3	1	1

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twenty-fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*3	Martin Durkin, 177 Seventh ave.....	23	20	20	1	1
4	Henry D. Fink, 409 Sixth ave.....	1	1	1	.....	.....
4	Henrietta Stein, 389 Sixth ave.....	.....	.....	.....	.....	.....
4	Andrew Shanley, 383 Sixth ave.....	1	1	1	.....	.....
4	Joseph Goetze, 209 Seventh ave.....	.....	.....	.....	.....	.....
4	John Bergin, 225 Seventh ave., 171 West 23rd st.....	11	9	9	.....	.....
5	Bridget Cooney, 283 Seventh ave., 177 West 26th st.....	9	4	4	.....	.....
5	Lucien M. Ardin, 121-123 West 26th st....	6	3	3	.....	.....
5	Earl Wohlrab, 411 Sixth ave.....	3	.....	.....	.....	.....
*5	Pat. McGowan, 427 Sixth ave., 100 West 26th st.....	8	3	3	3	2
5	Jos. F. P. Vitalone, 130 West 26th st.....	1	1	1	.....	.....
5	Patrick Rooney, 299 Seventh ave.....	1	1	1	.....	.....
5	Anderito Baralde, 120 West 26th st.....	1	.....	.....	.....	.....
5	August Danger, 103-105 West 25th st....	1	1	1	.....	.....
5	Nathan Leverant, 263 Seventh ave.....	.....	.....	.....	.....	.....
5	Martin Bergerer, 295 Seventh ave.....	1	1	1	.....	.....
6	Thos. F. Corcoran, 465 Sixth ave.....	26	26	25	.....	.....

*7	Napoleon B. Bang (Florence House), 223 Fourth ave., 109 East 18th st.....	5	5	5	6	6
7	Berntich Perez & Co., 102 East 15th st.....	1	.....	.....	.....	.....
7	Neumiller & Schaefer, 4 Union Square.....	2	.....	.....	.....	.....
7	Daniel Brubacher, 6 Union Square.....	8	7	6	.....	.....
7	Jos. Schmidt, 101-103 East 14th st.....	.....	.....	.....	.....	.....
7	Meyer Bretvetz, 3 Irving Place.....	8	3	3	.....	.....
7	Hugh Slevin, 2 Union Square.....	4	3	3	1	1
7	Neumiller & Schaefer, 16-18 Union Sq.....	7	6	6	5	5
*7	Samuel Lawson (Clarendon Hotel), 217-219 Fourth ave., 100 East 18th st.....	6	4	4	1	1
7	Alfred W. Eager, 119 East 16th st.....	7	4	4	.....	.....
8	John J. Quigley, 377 Seventh ave., 162 West 31st st.....	11	6	6	.....	.....
8	Chris. J. Wahmann, 521 Sixth ave.....	1	1	1	.....	.....
9	Gustav Boch, 278 Third ave.....	1	1	1	.....	.....
9	Henry Lowry, 158 East 23rd st.....	8	3	3	.....	.....
*9	Milton Roblee (Bartholdi Hotel), 950-956 Broadway.....	5	1	1	.....	.....
9	Edward Coyne, 259-265 Fourth ave.....	.....	.....	.....	.....	.....
9	Israel Arbierter, 294 Third ave.....	2	2	2	1	1
10	Philip Kuntz, 137 West 33rd st.....	19	5	4	.....	.....
10	Ernest Zabel, 431 Seventh ave.....	6	5	5	.....	.....
10	David A. Gilman, 147-151 West 35th st..	.....	.....	.....	.....	.....
10	Emma Lubitz, 479 Seventh ave.....	1	1	1	.....	.....
10	Henry Van Holland, 1281-1283 Broadway	3	2	2	.....	.....
10	Louis Schmidt, 1289-1291 Broadway.....	5	2	2	1	1
10	Clara Bishoff, 421 Seventh ave.....	6	3	3	.....	.....
10	Nellie McGowan, 439 Seventh ave., 170 West 34th st.....	.....	.....	.....	.....	.....

MANHATTAN AND BRONX.—(Continued.)

HOTEL VOTE.

Twenty-fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
10	Antoine Steinmetz, 110 W. 33rd st.....	15	10	10	1	.....
10	John Graham, 154-156 West 35th st.....	11	7	5	2	2
10	Frank B. McDonald, 1275 Broadway, 103 West 32nd st.....	14	10	10	.....	.....
10	John P. Suerken, 441-443 Seventh ave., 169 West 34th st.....	15	9	8	.....	.....
10	Mary Ward, 461 Seventh ave.....	7	4	3	.....	.....
10	Willey & Son, 114-120 West 34th st.....	5	1	1	.....	.....
11	Julius Simon, 98 Lexington ave.....	3	3	3	.....	.....
11	Emil Westerbury, 323 Fourth ave.....	1	1	1	.....	.....
11	Charles A. Anderson, 363-369 Fourth ave	22	13	9	2	.....
11	Horace H. Brockway, 315 Fourth ave....	10	10	10	6	5
11	Louis Singer, 327 Fourth ave.....	3	3	3	.....	.....
12	August Jansen, 1214 Broadway, 34 W. 30th street.....	1	1	1	.....	.....
12	Joseph G. Ackerman, 43 W. 29th st.....	.....	.....	.....	.....	.....
12	Jenny K. Stafford, 1240-1258 Broadway..	6	1	1	2	2
12	Rose T. Shanley, 1204-1210 Broadway....	.....	.....	.....	.....	.....
12	William C. Smith, 39-41 West 31st st....	2	1	1	2	2
12	Charles J. Noonan, 492-498 Sixth ave....	.....	.....	.....	.....	.....
12	George J. Kehoe, 482 Sixth ave.....	7	6	6	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twenty-fifth Assembly District.—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
14	Carlos Hotel Co., 25 W. 24th st.....	9	1	1	.....	.....
*14	Hoffman House, 1111 Broadway.....	14	15	15	7	1
15	Charles Thomas, 140 Lexington ave.....	9	9	9	2	2
15	Christopher F. Bode, 403 Fourth ave., 103 E. 28th st.....	10	6	6	.....	.....
15	William Sunkenberg, 459 Fourth ave., 100 E. 30th st.....	12	4	4	4	1
16	William F. Hencken, 54-58 W. 18th st....	4	2	2	.....	.....
16	William Ross, 230 Sixth ave., 65 W. 15th street.....	3	3	3	.....	.....
16	Paul Hoetzer, 41 W. 19th st.....	7	5	4	.....	.....
17	E. L. Merrifield, 902-910 Broadway, 17-19 E. 20th st., 18-20 E. 21st st.....	10	5	5	2	2
17	Ester Annigoni, 44 E. 21st st.....	3	.....	.....	.....	.....
17	Celeston S. Wehell, 51 E. 18th st., 224 Fourth ave.....	7	5	5	.....	.....
17	Her. F. Siemers, 234 Fourth ave.....	7	4	4	.....	.....
*17	Benjamin L. M. Bates (Everett House), 37 39 E. 17th st., 212-218 Fourth ave.....	6	5	5	4	4
17	George E. Howe, 73 Fifth ave.....	1	1	1	.....	.....
17	Eugenio Boessond, 121 Fifth ave.....	.....	.....	.....	.....	.....

18	Wellbrock & Thomforde, 63 Madison ave.	11	5	4	.....	.....
18	Wohlkin & Luhr, 386 Fourth ave.	5	5	5	.....	.....
*18	Herman Prange, 328 Fourth ave.	3	2	2	1	1
*18	Hotel Seville, 22 E. 29th st.	4	4	4	4	4
19	Laura Wilkens, 478 Fourth ave.	3	3	3	1	.....
20	Leander Eisman, 612 Sixth ave.	10	5	5	.....	.....
*20	Reed & Barrett (Park ave. Hotel), 482 Fourth ave.	22	14	13	11	11
20	James B. Moore, 53-55 West 35th st.	3	2	2	.....	.....
20	Hotel Collingwood, 43-49 W. 35th st.	28	11	11	3	3
20	Angelo DeBasbierre, 51 W. 35th st.	1	.....	.....	1	1
21	John Baumberg, 347 Seventh ave., 169 W. 29th st.	3	3	3	.....	.....
21	Charles Morris, 105 W. 28th st.	9	.....	.....	.....	.....
*21	Nathan J. Weiss, 467-469 Sixth ave.	6	6	6	3	2
21	James Gannon, 483 Sixth ave.	.....	.....	.....	1	1
21	Carl Buchwald, 167 W. 28th st.	3	2	1	.....	.....
*22	Waldorf-Astoria Hotel, 13 W. 33rd st., 12 W. 34th st.	5	5	5	8	8
22	Averill & Gregory, 40-44 W. 35th st.	2	2	2	1	1
*22	32nd St. Hotel Co., 17-21 W. 32nd st.	6	4	4	4	4
22	Ely O. Walter, 334 Fifth ave.	.....	.....	.....	.....	.....
23	Henry Graverman, 392 Sixth ave.	.....	.....	.....	.....	.....
*23	Hitchcock, Darling & Co., (Fifth Avenue Hotel) 196 Fifth ave.	6	3	2	24	23
23	Christian Muller, 342 Sixth ave.	.....	.....	.....	.....	.....
23	Henry Koch, 384-386 Sixth ave.	5	5	4	.....	.....
23	Nicholas W. Haaren, 358-360 Sixth ave.	2	.....	.....	3	3
23	Hans Vyth, 52-54 West 24th st.	7	2	2	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twenty-fifth Assembly District.—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*23	Henry D. Bristol, 362-364 Sixth ave.....	.....	.....	.....	1	1
24	John H. Wolf, 477 Fourth ave.....	9	5	5	2	2
	Total.....	732	459	438	161	137

Twenty-sixth Assembly District.

1	James Barrett, 1120 Third ave.....	14	3	3	.....	.....
1	Peter Lennon, 169 E. 65th st., 1110 Third avenue.....	17	10	10	.....	.....
*1	Emma Zimmer, 167 E. 67th st., 1150 Third avenue.....	2	2	2	9	9
1	Minnie Pepper, 201 E. 67th st., 1151 Third avenue.....	.....	.....	.....	.....	.....
1	Sarah Jennings, 160 E. 65th st., 1108 Third avenue.....	19	9	8	.....	.....
*6	John Flanagan, 200 E. 70th st., 1201 Third avenue.....	.....	.....	.....	2	2
7	George Seewald, 1228 Third avenue.....	6	3	3	.....	.....
9	John Schmidt, 441 E. 71st st.....	2	2	2	.....	.....
9	W. J. Machacek, 1310 First ave.....	8	1	1	.....	.....

10	Adam Green, 448 E. 72nd st.....	3	2	2	.....	.....
12	John Woytesek, 340 E. 73rd st., 1359 First avenue.....	14	6	6	.....	.....
14	John Woytesek, 501 East 74th st., 1394 Avenue A.....	8	3	3	.....	.....
*14	James Kropacek, 1400 Avenue A	15	3	3	.....	2
15	Pauline Snyder, 301 East 73rd st.....	6	3	3	.....	.....
15	John Corlan, 1438 Second ave., 300 East 75th st.....	11	6	6	.....	.....
16	J. Henry Kink, 1407 Second ave.....	10	6	6	.....	.....
17	John Glinkerkamp, 1055 Lexington ave...	8	2	2	.....	.....
*19	Emma Light, 1458 First ave.....	6	2	2	.....	1
Total.....		149	63	62	14	14

Twenty-seventh Assembly District.

1	Thomas A. Mullan, 636 Eighth ave., 268 West 41st st.....	13	8	6	.....	.....
1	Archibald Hadden, 562 Seventh ave.....	1	1	1	.....	.....
*1	John Rinaldo, 206 West 41st st.....	7	3	2	.....	2
1	Patrick Connolly, 620 Eighth ave., 273 West 40th st.....	11	7	7	.....	.....
2	Eugene Garnier, 530 Fifth ave.....	.....	.....	.....	.....	.....
*2	Lorraine Co., 2 East 45th st.....	10	8	8	.....	8
2	Demetri Polymero, 30 East 42nd st.....	1	1	1	.....	.....
2	Ford & Shaw, 102 East 42nd st.....	4	3	3	.....	.....
*2	Arthur Welton, 52-54 East 41st st.....	11	7	7	.....	1

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twenty-seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*2	Benjamin L. M. Bates, Murray Hill Hotel, 112 Park ave.....	6	6	6	12	12
*3	Wm. C. Muschenheim (Hotel Astor), 1507-1521 Broadway.....	2	1	1	3	3
4	Abraham Bernheim, 720 Seventh ave.....	.....	.....	.....	.....	.....
4	Frank Gallagher, 1551 Broadway.....	.....	.....	.....	.....	.....
4	Daniel Dougherty, 227 West 46th st.....	1	1	1	.....	.....
4	Mary F. Grennon, 766 Eighth ave., 266 West 47th st.....	12	10	9	.....	.....
4	James Churchill, 200 West 46th st., 1547-1549 Broadway.....	2	2	2	.....	.....
4	Philip Mock, 742 Eighth ave.....	16	11	11	.....	.....
5	Joseph Trapp, 790 Eighth ave.....	.....	.....	.....	.....	.....
*6	Bernard Brennan (Exchange Hotel), 1613 Broadway.....	18	13	13	3	3
6	Wm. H. McKensie, 758-760 Seventh ave.	.....	.....	.....	.....	.....
6	Francis A. Kerrigan, 1641 Broadway.....	4	2	2	2	2
*6	Mary Meagher, 810 Eighth ave.....	5	3	3	1	1
6	Henry B. Masterson, 1611 Broadway.....
8	Eugene Blumenheim, 114-116 West 53rd st.....	1	1	1

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8	Edgar Swain, 102 West 52nd st.....	6	5	5
10	Thomas F. Donohue, 1568 Broadway.....			
*11	James Wilson and Emily E. Burns, 1544 Broadway.....	2
*11	Roger Morrissey, 781-787 Sixth ave., 107 West 44th st., 102 West 45th st.....	.....	.....	2	.....	.....
11	Robt. D. Dunlap, 149-151 West 44th st..	1	.....	.....	.....	.....
11	Arthur LaFrancois, 155 West 44th st.....	4	1	.....	.....	.....
11	Rosie L. Barrick, 116-118 West 45th st...	1	.....	.....	.....	.....
11	Wm. A. Rosenbaum, 1518 Broadway.....	.....	.....	.....	.....	.....
*11	The Girard Hotel Co., 123-129 West 44th st.....	14	8	7	11	11
*12	Patrick H. Roche (Rossmore Hotel), 1459-1461 Broadway.....	17	10	9	4	2
12	Samuel W. Martin, 143 West 40th st., 1437 Broadway.....	16	8	6	.....	.....
*12	Mary C. Dolan, 149 West 40th st., 561 Seventh ave.....	11	6	6	2	1
*12	James Beattie, 567 Seventh ave.....	.....	.....	.....	7	7
*12	Daniel P. Hays, 127-135 Seventh ave....	7	3	2	3	3
*12	Criterion Hotel Co, 1452-1454 Broadway.	9	3	2	3	2
12	Gustav Schulz, 1446 Broadway.....	2	1	1	.....	.....
*12	Hotel Cadillac Co., 1492-1496 Broadway.	5	2	2	5	5
*12	Thos. F. O'Rourke, 1431 Broadway.....	9	8	7	3	3
*12	Dunston & Son, 759-763 Sixth ave.....	9	3	3	2	2
12	Peter Campornisi, 133 West 41st st.....	3	.....	.....	.....	.....
*12	Edw. C. Patterson (Vendome Hotel), 1448-1450 Broadway.....	6	4	4	5	1
12	Daniel McVey, 755 Sixth ave.....	10	5	5	.....	.....
12	John R. Considine, 1469 Broadway.....	11	6	4	4	2

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Twenty-seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
12	Emma Mock, 145 West 42nd st.....	2	.....	.....	.....	.....
12	Susan A. Cordial, 107 West 42nd st.....	9	3	3	.....	.....
13	John F. Reusar, 1420 Broadway.....	2	.....	.....	.....	.....
13	Fred J. Williams, 685 Sixth ave.....	1	1	1	.....	.....
13	Elmer E. Aling, 1384-1386 Broadway.....	2	2	2	2	2
13	Julius Conn, 109 West 38th st.....	1	1	1	.....	.....
*13	Jerome Gazzo (Gazzo Hotel), 1425 Broadway.....	12	9	9	7	7
13	Smith & Kersessey, 108-110 West 38th st.	1	1	1	.....	.....
13	Guiseppi Franchoni, 103 West 38th st....	2	2	.....	.....	.....
13	Terrence McGirr, 655 Sixth ave.....	4	4	4	.....	.....
13	Laura C. Dickinson, 697 Sixth ave.....	6	4	4	.....	.....
13	Emma L. Kuehne, 695 Sixth ave.....	8	7	7	2	1
13	Jacob Kaufman, 675-677 Sixth ave.....	3	1	1	.....	.....
*13	Sweeney-Tierney Hotel Co. (Hotel Marlborough), 1353-1355 Broadway.....	7	4	4	4	3
13	Jonas M. Farrington, 1424-1426 Broadway	5	.....	.....	1	1
13	Mary Flannery, 651 Sixth ave.....	10	5	5	.....	.....
13	James B. Cosgrove, 631 Sixth ave.....	9	8	8	.....	.....
14	Edw. McCleary, 642 Sixth ave.....	5	2	2	.....	.....
14	Mary Shine, 616 Sixth ave.....	12	8	8	.....	.....

15	George Werham, 680 Sixth ave., 61 West 39th st.	3	2	2	.....	.....
16	George Buck, 746 Sixth ave.	3	1	1	.....	.....
*16	Hawk & Wetherbee (Manhattan Hotel), 13-19 East 42nd st.	18	6	6	.....	.....
16	Hugo J. Houf, 738-740 Sixth ave.	13	3	3	.....	.....
16	Samuel May, 754 Sixth ave.	16	3	3	.....	.....
18	Caselli & Co., 878 Sixth ave.	1	1	1	.....	.....
18	Andrew Roarv 259 Sixth ave	10	8	8	.....	.....
20	9th st., 2	10	7	5	3	3
21	ive.....	8	6	6	.....	.....
21	1 ave.....	2	.....	.....	.....	.....
22	Richard Atkinson, 582 Seventh ave., 45th st. and Seventh ave.	7	5	5	.....	.....
22	Louis Nash, 640 Eighth ave.	9	7	5	.....	.....
22	Diedrich Ardler, 276 West 43rd st., 678 Eighth ave.	7	7	7	1	1
22	Mary E. Reardon, 202-204 West 42nd st.	1	.....	.....	.....	.....
22	Wm. H. Valequette, 228-230 West 42nd st.	4	3	2	.....	.....
22	Eliza A. Paddell, 596-598 Seventh ave.	7	1	1	.....	.....
23	Louis Sherry, 522 Fifth ave., 2 West 44th st.	39	9	9	.....	.....
*23	Algonquin Hotel Co., 59-65 West 44th st.	17	15	13	2	2
*23	Merrill & Hatch, The Royalton, 47 West 43rd st.	146	90	83	4	4
Total.....		688	397	368	115	109

MANHATTAN AND BRONX--(Continued).
HOTEL VOTE.
Twenty-eighth Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
2	Alex. W. Levy, 1329 Third ave., 201 East 76th st.....	1	1	1	.....	.....
2	William O'Hara, 1349 Third ave., 201 East 77th st.....	8	5	5	2	2
13	Emil Ploety, 240 East 80th st.....	2	.....	.....	.....	.....
14	Morris Gibb, 249 East 81st st.....	12	3	3	.....	.....
21	Caroline Frohlich, 1465 Third ave.....	1	1	1	.....	.....
21	Louis Lensson, 1469 Third ave.....	6	6	6	.....	.....
*22	Wm. E. Wassmer, 1209 Lexington ave., 150 East 82nd st.....	7	3	3	1	1
	Total.....	37	19	19	3	3

Twenty-ninth Assembly District.

1	Joseph Garnears, 740 Seventh ave.....	1	1	1	.....	.....
1	Thomas B. Green, 1724-1728 Broadway..	3	2	2	.....	.....
1	Andrew J. Kerwin, Jr., 207 West 54th st.	25	6	6	2	2
*1	Frank W. Lord, Jr. (Hotel Grenoble), 884-888 Seventh ave., 201 West 56th st....	9	8	8	3	3
1	Kathleen O'Toole, 922 Seventh ave.....	9	4	4	.....	.....

		36	11	10	4	4
*1	Ellen B. Connell (Amherst Hotel), 824 Seventh ave., 201 West 53rd st	36	11	10	4	4
2	Frank Tierney, 1013 Sixth ave.	5	3	3	..	..
2	John Winters, 1049-1051 Sixth ave.	1	..	..	..	..
3	Corilo Delaney, 988 Eighth ave.	5	..	..	..	..
*3	Edward R. Sweet (Hotel Cumberland), 1701-05 Broadway	16	9	9	5	5
3	Thomas P. Tynan, 910-914 Eighth ave. . . . .	..	..	..	..	..
4	Philip Donohue, 879 Seventh ave.	16	5	5	..	..
4	Herman Iwesens, 991 Sixth ave.	1	1	1	..	..
4	Samuel Glautz, 869-873 Seventh ave.	17	9	8	1	..
5	Lillian A. Marshall, 127-129 W. Fifty-third st.	15	6	6	..	..
5	Henry Hirsch, 955-57 Sixth ave.	15	7	7	..	..
5	John D. Kattenhorn, 951 Sixth ave.	5	4	4	..	..
6	Robert Keterborn, 966 Sixth ave.	7	3	2	..	..
7	St. Regis Hotel Co., 2-4 E. Fifty-fifth st. Hotel DeLuxe Co., 572-576 Madison ave.	9	7	7	..	..
8	Herman Born, 740 Lexington ave.	13	4	4	..	..
8	Bretagne & Co., 767 Fifth ave.	4	4	4	..	..
*9	The Hammond Hotel, 5th ave., bet. Fifty- ninth and Fifty-ninth sts.	21	18	15	8	8
*10	742-44 Lexington ave. . . . .	..	..	..	..	..
*10	Hotel Netherland Co., 783 Fifth ave.	15	13	13	2	2
*11	Leonori Hotel Co., 709 Madison ave.	12	8	8	13	11
13	Edward Aurig, 886 Lexington ave.	10	4	4	9	6
20	Caroline Scheffelin, 740 Lexington ave.	4	4	4	..	..
22	Thomas A. O'Brien, 858 Third ave.	10	4	4	..	..
	Total	284	145	139	48	42

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.
Thirtieth Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
2	Wm. Osterholz, 616 First ave.....	3	3	3	.....	.....
8	Annie Comerford, 1654-1656 Second ave..	6	5	5	2	2
9	John J. Gleason, 200 E. Eighty-fifth st...	6	4	4	1	1
9	James O'Dwyer, 1491-3 Third ave.....	8	4	4	.....	.....
9	N. Y. Turn-Verein, 1251-7 Lexington ave., 146-152 E. Eighty-fifth st.....	2	1	1	.....	.....
10	Robert Culhane, 179 E. Eighty-fifth st., 1510 Third ave.....	11	5	5	1	1
10	Charles C. Sievers, 1525 Third ave.....	2	2	2	.....	.....
11	Margaret A. Curran, 1530 Third ave.....	.....	.....	.....	.....	.....
18	Sophie Strahman, 1585 Third ave., 201 E. Eighty-ninth st.....	11	4	4	.....	.....
*24	L. Valentine Gaffney, 154-60 E. Ninety- first st.....	25	14	10	12	12
24	Charles Krieger, 1613 Third ave.....	1	.....	.....	.....	.....
24	Michael Fessler, 1643 Third ave.....	15	2	2	.....	.....
27	The Pavilion Co., 612-16 E. Eighty-fourth st.....	1	1	1	.....	.....
	Total.....	91	45	41	16	16

Thirty-first Assembly District.

1	James B. Beers, 1803 Seventh ave.....	2	2	2	2	.....	.....
2	Mary A. Corcoran, N. E. cor. St. Nicholas ave. and One Hundred and Eleventh st.	2	.....	.....	.....	.....	.....
2	Martha Sonntag, 2 Lenox ave.....	1	1	.....	.....	.....	.....
*3	Peter Small (Hotel Balmoral), 70 Lenox ave.	42	23	.....	22	.....	6
4	Claus Bohling, 87 E. One Hundred and Tenth st.....	.....	.....	.....	.....	.....	.....
*11	Loeb Bros., 136 Lenox ave.....	25	19	.....	19	.....	3
19	Annie Daubert, 1480 Fifth ave.....	2	2	.....	.....	.....	.....
21	Annie Stander, 200 St. Nicholas ave., 245 W. 120th st.....	1	1	.....	1	.....	.....
22	Annie Angelbeck, 2274 Eighth ave.....	17	4	.....	4	.....	.....
23	The West End Rest. Co., 226-8 W. One Hundred and Twenty-fifth st.....	.....	.....	.....	.....	.....	.....
23	Anton H. Meyer, 256-8 W. One Hundred and Twenty-fifth st.....	2	1	.....	1	.....	.....
27	Clara Schaeffer, 1937 Madison ave.....	1	.....	.....	.....	.....	.....
*28	Leo Borgfield, 1812-16 Park ave., 78-80 E. One Hundred and Twenty-fifth st.....	8	1	.....	1	.....	1
30	The Herrmann Harlem Casino Co., 2081-87 Seventh ave., 159 W. One Hundred and Twenty-fourth st.....	1	1	.....	1	.....	.....
30	Pareira & Alexanderson, 149 W. One Hun- dred and Twenty-fifth st., 157-161 W. One Hundred and Twenty-sixth st.....	8	3	.....	3	.....	.....
31	Daniel J. Donovan, 2120 Seventh ave., 201-205 W. One Hundred and Twenty- sixth st.....	10	4	.....	4	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Thirty-first Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
34	John Whyatt, 360 Lenox ave., 87 W. One Hundred and Twenty-eighth st.....	7	7	7	.....	.....
35	Martin Bock, Jr., 1884 Park ave.....	1	1	1	.....	.....
53	Paul Zache, 101 Lenox ave.....	.....	.....	.....	.....	.....
53	George H. Huber, 166 W. One Hundred and Sixteenth st., 1919 Seventh ave....	18	17	17	2	2
57	Dietrich Heuer, 2308 Eighth ave.....	.....	.....	.....	.....	.....
58	Anna L. Thwaite, 300-304 Lenox ave., 83 W. One Hundred and Twenty-fifth st..	2	1	1	.....	.....
58	Jos. F. Flannery, 53 W. One Hundred and Twenty-fifth st.....	11	4	4	.....	.....
61	Bernard Smith, 2406 Eighth ave.....	.....	.....	.....	.....	.....
	Total.....	161	92	89	13	12

Thirty-second Assembly District.

1	Hervey Hinck, 1644 Third ave., 173-175 E. Ninety-second st.....	10	5	5	.....	.....
4	Martin J. O'Helia, 1865 Second ave., 235 E. Ninety-sixth st.....	9	6	5	.....	.....

7	Theresa J. McFarland, 1150 Fifth ave., 1 E. Ninety-sixth st.....	4	1	1	.....	.....
12	Kathalina Kroger, 1979 First ave.....	5	3	3	.....	.....
12	Jeremiah Sullivan, 1978 First ave.....	1	.....	.....	.....	.....
12	John Lynch, 2000 First ave., 401 E. One Hundred and Third st.....	5	1	1	.....	.....
12	Joseph Friedrich, 414-16 E. One Hundred and Third st.....	.....	.....	.....	.....	.....
14	Annie Bacon, 1868 Third ave., 173 E. One Hundred and Third st.....	14	6	6	.....	.....
17	John Hilcken, 1884 Third ave., 187 E. One Hundred and Fourth st.....	7	5	5	.....	.....
18	Thomas McKeown, 1897 Third ave.....	1	1	1	.....	.....
18	John Klemeyer, 1923 Third ave.....	1	1	1	.....	.....
22	Wm. Schmeederwind, 1924 Third ave., 171 E. 106th st.....	2	2	2	.....	.....
24	Thomas Maher, 1730 Lexington ave., 130- 132 E. One Hundred and Eighth st.....	.....	.....	.....	.....	.....
24	Albert J. Dressel, 1710-12 Lexington ave.	4	1	1	.....	.....
27	Lucie Kohlenbeck, 2 E. One Hundred and Tenth st.....	2	1	1	.....	.....
29	John J. Ferris, 1852 Second ave.....	19	12	12	2	2
36	Wm. H. Heddendorf, 81 E. One Hundred and Fourth st., 1402 Park ave.....	11	5	5	1	1
Total.....		95	50	49	3	3

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Thirty-third Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
8	August Welp, 2062 Third ave., 180 E. One Hundred and Thirteenth st.....	12	7	7	.....	.....
10	Gabriel Mazzuca, 2218 Second ave.....	3	2	2	1	1
11	Madeline Furno, 349 E. One Hundred and Fourteenth st.....	2	1	1	.....	.....
12	Ralph Henschel, 2180 Third ave.....	.....	.....	.....	.....	.....
13	Henry Hollmann, 2103 Third ave., 200 W. One Hundred and Fifteenth st.....	25	16	16	.....	.....
15	Christopher Nooney, 2102 Third ave., 191 E. One Hundred and Fifteenth st.....	8	5	5	5	5
16	Wm. Hennessy, 2141 Third ave.....	1	1	1	.....	.....
16	Frederick Weller, 2125 Third ave.....	2	1	1	.....	.....
16	Philip McBride, 2142 Third ave., 190 E. One Hundred and Seventeenth st.....	9	4	4	.....	.....
21	Elizabeth M. O'Reilly, 206-8 E. One Hundred and Nineteenth st.....	5	4	4	.....	.....
21	Martin J. McGowan, 2158 Third ave.....	1	1	1	.....	.....

2	Margaret Morrissey, 138 E. One Hundred and Tenth st., 1766 Lexington ave.....	6	6	5	.....	.....
2	August Buhrmeister, 100-102 E. One Hundred and Tenth st.....	1	1	1	.....	.....
	Total.....	75	49	48	6	6

Thirty-fourth Assembly District.

*1	Fred Sanders, 2002 Lexington ave.....	.....	.....	.....	.....	1
2	Joseph Kinsella, 2257 Second ave., 248 E. One Hundred and Twenty-first st.....	11	4	3	.....	.....
2	Herman D. Ropke, 2203 Third ave., 201 E. One Hundred and Twentieth st.....	10	9	9	.....	.....
2	Elizabeth H. Skuse, 1 Sylvan Place.....	2	1	1	.....	.....
2	Bernard J. Fordte, 143 E. One Hundred and Twentieth st.....	.....	.....	.....	.....	.....
3	Michael L. Goetz, 2356 Second ave.....	2	2	2	.....	.....
4	Chas. Thiebault, 2354 First ave.....	4	1	1	.....	.....
7	Frederick Buse, 2243 Third ave., 205 E. One Hundred and Twenty-second st....	1	1	1	.....	.....
8	Frank H. Mackin, 2025-2029 Lexington av.	.....	.....	.....	.....	.....
9	Theodore Rieper, 1801 Park ave.....	.....	.....	.....	.....	.....
9	Frank H. Marjenhoff, 1815-1817 Park ave., 100-102 E. One Hundred and Twenty-fifth st.....	7	3	5	.....	2
9	Thomas G. McClatshey, 134 E. One Hundred and Twenty-fifth st., 2062 Lexington ave.....	9	6	6	.....	.....
9	Thomas N. Noonan, 2030-34 Lexington av.	3	2	2	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Thirty-fourth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
10	Simon Friedman, 209-219 E. One Hundred and Twenty-fourth st.....	2	2	2	.....	.....
10	John H. Huneke, 2083-85 Third ave.....	8	6	6	.....	.....
11	Louie Hausler, 2423 First ave.....	2	.....	.....	.....	.....
12	Ernest T. Sulzer, East side Second ave., bet. One Hundred and Twenty-sixth and One Hundred and Twenty-seventh sts..	1	.....	.....	.....	.....
13	Daniel O'Rourke, 200 E. One Hundred and Twenty-sixth st.....	1	1	1	.....	.....
13	Th....., 2310 Third ave.....	.....	.....	.....	.....	.....
13	Jo....., 2459 Second ave.....	10	5	3	.....	.....
13	Charles Kling, 173 E. One Hundred and Twenty-fifth st., 2306-8 Third ave.....	14	7	7	.....	.....
13	Charles Nolan, 2314 Third ave.....	.....	.....	.....	.....	.....
13	Jacob Herzfeld, 2455 Second ave.....	.....	.....	.....	.....	.....
*14	John E. Olsen, 117-125 E. One Hundred and Twenty-fifth st., 110 E. One Hundred and Twenty-sixth st.....	.....	3	3	3	3
14	Eugene Perrot, 109 E. One Hundred and Twenty-fifth st.....	5	2	2	.....	.....
15	Michael J. McGrath, 2143 Lexington ave..	10	6	6	.....	.....

15	Fraus Gruber, 2378 Third ave.	5	2	1	1	1
16	Jacob Born, 2362 Third ave., 180 E. One Hundred and Twenty-eighth st.	5	2	1	1	1
15	.....	43	32	31	1	1
*16	.....	9	1	1	1	1
16	201 E. 1st. ave.	20	5	4	1	1
16	.....	7	5	4	1	1
16	.....	10	7	5	1	1
16	.....	3	2	2	1	1
22	Ernest Heinzel, 2339 Thurd ave., 200 E. One Hundred and Twenty-seventh st.	9	3	3	1	1
22	Martin J. Kane, 2321 Third ave., 201 E. One Hundred and Twenty-sixth st.	9	8	7	1	1
23	Louis Pape, 2120 Madison ave.	5	2	2	1	1
24	Marie Bartels, southwest cor. One Hundred and Thirty-seventh st. and Madison ave.	7	4	4	1	1
27	Charles Noonan, 2550 Third ave.	3	.....	.....	.....	.....
27	Wm. E. Sullivan, 2488 Third ave.	.....	.....	.....	.....	.....
34	Henry Rosenberg, 2644 Third ave.	.....	.....	.....	.....	.....
34	Henry Herkemer, 2620 Third ave.	8	8	8	1	1
38	Gottfried Brupacher, 444 Willis ave.	5	2	2	1	1
39	John Loeffler, 514 Willis ave.	1	1	1	1	1
39	Albert Buttner, 518 Willis ave.	.....	.....	.....	.....	.....
43	Katie Schmidt, 1187 E. One Hundred and Forty-first st.	4	3	3	1	1
45	Chas. H. Meyer, S. E. cor. One Hundred and Thirty-eighth st. and Boulevard.	.....	.....	.....	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Thirty-fourth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
47	Margaret McCoy, 453 E. One Hundred and Thirty-eighth st.....	6	4	4	.....	.....
47	Mathe Greite, N. E. cor. One Hundred and Thirty-eighth st. and Park ave.....	.....	.....	.....	.....	.....
47	August Ehler, 2551-53 Third ave.....	6	4	4	.....	.....
48	Frank Levin, 2412 Third ave.....	2	2	2	.....	.....
48	Herman Dede, 503 Southern Boulevard....	5	8	7	.....	.....
49	William T. Walter, 636-38 Southern Blvd	12	12	11	.....	.....
49	Dora A. Dohrmann, 640-42 Southern Blvd	9	7	7	.....	.....
49	Adam Autes, 607 E. One Hundred and Thirty-third st.....	4	4	4	.....	.....
50	The Bronx Bath Co., 130-36 Willis ave....	5	5	5	.....	.....
54	Caroline Faesber, 865 So. Boulevard.....	5	2	2	.....	.....
55	Amelia Friedrich, 1161 E. One Hundred and Thirty-fourth st.....	1	1	1	.....	.....
56	John R. Russell, 205 Willis ave.....	10	3	3	.....	.....
60	James McMahon, 2669 Third ave.....	4	3	3	.....	.....
60	John Pfister, 2645 Third ave.....	10	6	5	.....	.....
*60	Henry F. Horman, 2665 Third ave.....	10	5	5	2	2
60	Nelson W. Ebling, 2687 Third ave.....	1	1	1	.....	.....
60	John Kelly, 2647 Third ave.....	.....	.....	.....	.....	.....

65	Adolph Oester, S. E. cor. One Hundred and Forty-seventh st. and So. Boulevard...	..... 3	..... 2	..... 2	..... 1
65	John Weistermann, 467 Robbins ave.....	..... 3	..... 2	..... 2	..... 1
	Total.....	348	217	205	11

Thirty-fifth Assembly District.

3	James Zochazosky, 639 Cortland ave.....	2	.....	.....	.....	..... 3
6	Pauline Miller, 2994 Third ave.....	..... 7	..... 3	.....	.....	.....
6	George A. Schronting, 2970 Third ave.....	.....	.....	.....	.....	.....
8	John J. Cox, 2856 Third ave.....	..... 2	.....	.....	.....	..... 1
8	John Wellbrock, 2858 Third ave.....	..... 2	..... 1	.....	.....	.....
9	August R. Klauss, 568 Wales ave.....	.....	.....	.....	.....	.....
11	Chas. Schauz, N. W. cor. Garden st. and S. Boulevard.....	.....	.....	.....	.....	.....
11	Maria Kanze, 1358 Westchester ave.....	..... 9	.....	.....	.....	.....
12	Bartholomew W. Nellesen, 858 E. One Hundred and Sixty-sixth st.....	5	..... 1	.....	.....	.....
17	John J. Hickey, 3233 Third ave.....	12	..... 7	..... 6	.....	.....
*17	Richard Werner, 940 Washington ave....	12	..... 6	.....	..... 1	..... 1
*17	George H. Delett, 3199 Third ave.....	.....	.....	.....	..... 1	.....
18	John Meyer, 3049 Third ave.....	2	..... 2	.....	.....	.....
18	George Linn, 759 Elton ave.....	2	..... 2	..... 1	.....	.....
20	Gottlieb Staedele, 775 Cortland ave.....	7	..... 4	..... 4	.....	.....
21	Kathie Schumacker, S. W. cor. One Hundred and Sixty-first st. and River ave.	2	..... 2	..... 2	.....	.....
22	Elizabeth Malloy, 738 E. One Hundred and Sixty-second st.....	5	.....	.....	.....	.....
22	Wm. Zimmer, 884 Cortland ave.....	1	..... 1	..... 1	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Thirty-fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
24	John Franz, 700 E. One Hundred and Sixty-sixth st.....	2	2	2	.....	.....
25	Singer & Engelfried, junc. Prospect and Westchester aves.....	7	1	1	.....	.....
26	Wiegand & Sons, 1049-51 Prospect ave....	.....	.....	.....	.....	.....
29	Ernest Wucherpfennig, 1207 Home st....	.....	.....	.....	.....	.....
	1205 Hoe st.	4	4	4	.....	.....
30	Annie Goebeler, 1305 Intervale ave.....	4	1	1	.....	.....
33	Emil Blum, 2692 Third ave.....	9	2	2	.....	.....
33	Wm. Zimmerman, 3595 Third ave.....	2	2	2	1	1
34	Henry Kullman, 699 E. One Hundred and Sixty-seventh st.....	9	.....	.....	.....	.....
34	John M. Buehler, 700 E. One Hundred and Sixty-ninth st.....	8	8	7	.....	.....
*35	Clarisse C. Baird, Gerard ave., 50 ft. north of One Hundred and Sixty-ninth st....	2	2	2	4	4
35	George R. Steinberg, junction Cromwell and Jerome aves.....	3	.....	.....	.....	.....
36	Catherine Wetzel, 3591 Third ave.....	4	3	3	.....	.....
*36	John Hildebrandt, 3537 Third ave.....	11	8	7	1	1
36	Fred Loeffler, 3524 Third ave.....	4	3	2	.....	.....

36	Philip Schroeder, 3584 Third ave.....	2	1	1	.....	.....
39	Sophie Mills, N. W. corner Jerome and Shakespeare aves.....	1	.....	.....	.....	.....
39	James B. Costello, Dock st., Morris Hts....	7	.....	3	.....	.....
39	Henry Schnapp, S. W. corner Jerome ave. and Wolf Place.....	3	2	.....	.....	.....
40	Henry Meyer, 2050 Jerome ave.....	8	.....	.....	.....	.....
42	Edward McShayne, 4213 Third ave.....	6	.....	.....	.....	.....
42	C. F. G. Schirmer, 667 E. One Hundred and Seventy-fifth st.....	6	3	3	.....	.....
42	Charles Delecker, 680 Tremont ave.....	1	1	1	.....	.....
42	Annie Daisenburger, S. W. corner Tremont and Park aves.....	7	2	2	.....	.....
42	Ray Freund, 1922 Webster ave.....	9	.....	.....	.....	.....
*43	John Miller, 3839 Third ave.....	14	14	14	2	2
43	Josephine Cassel, S. E. corner Wendover and Webster aves.....	5	.....	.....	.....	.....
44	Wm. D. Hen, 4029 Third ave.....	5	.....	.....	.....	.....
46	P. M. Ohmeis, S. W. corner Boston Road and Tremont ave.....	5	2	1	.....	.....
46	Patrick Flanagan, 1864 Boston Road.....	3	3	2	.....	.....
46	Henry Girgisberg, 1331 Tremont ave.....	15	10	7	.....	.....
46	Mary Forstner, 1211 Tremont ave.....	3	2	2	.....	.....
46	Wm. Ernest, 2031 Boston Road.....	4	2	2	.....	.....
46	Philip Probsel, N. W. corner One Hundred and Seventy-seventh st. and So. Blvd....	2	.....	.....	.....	.....
47	Arthur H. Murphy, N. E. corner Tremont and Arthur aves.....	1	1	1	.....	.....
47	John P. Friedhoff, 4214-16 Third ave.....	5	5	5	1	1

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Thirty-fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*47	Winifred Conroy, 861 E. One Hundred and Eightieth st.....	8	2	2	3	3
48	Rudolph Plenkres, 1295 E. One Hundred and Eightieth st.....	2	2	2	.....	.....
48	Wm. Meyer, S. W. corner One Hundred Eighty-second st. and So. Boulevard...	4	2	1	.....	.....
49	Jacob Pritz, 2179 Morris ave.....	5	4	4	.....	.....
49	Andrew Lutz, 2164 Morris ave.....	6	6	6	.....	.....
50	Louise Susser, 4431 Third ave.....	16	.....	.....	.....	.....
50	Charles A. Pruting, 4409 Third ave.....	3	3	3	.....	.....
51	Josephine Kipp, S. W. corner Pelham ave. and So. Boulevard.....	6	5	4	.....	.....
51	Joseph Ackerman, 878 Pelham ave.....	3	.....	.....	.....	.....
52	Joseph C. Lee, 4768 Third ave.....	8	7	7	.....	.....
52	Michael Ilg, 779-781 Pelham ave.	7	5	5	.....	.....
52	George T. Zimmerman, 4784-86 Third ave.	5	1	1	.....	.....
*52	Edward Sherwood, 4760 Third ave.....	16	10	9	2	2
52	Arthur J. Murphy, East side Webster ave., 150 ft. north of One Hundred and Ninety-eighth st.....	6	1	1	.....	.....

*52	Celine Feick, S. E. corner Webster ave. and So. Boulevard.....	3	2	2	1	.....
53	Vincenze Finamore, 3116 Jerome ave.....	7	4	3	.....	.....
53	Felix Grinley, N. W. corner Two Hundredth st. and Webster ave.....	6	2	2	1	.....
53	Wm. J. Byrnes, 3030 Jerome ave.....	10	6	6	.....	.....
54	John C. Sullivan, 2771 Webster ave.....	7	7	7	.....	.....
54	David Clark, S. E. corner Jerome ave and Two Hundredth st.....	4	4	4	.....	.....
55	John Gilbert, S. E. corner MacComb st. and Broadway.....	3	1	1	.....	.....
55	John P. O'Connell, South side Gun Hill Road, near Van Cortland Station.....	8	6	6	.....	.....
55	George Volze, N. W. corner MacComb st. and north Railroad.....	6	4	4	.....	.....
57	John G. Beck, W. side of Broadway, near Two Hundred and Forty-sixth st.....	2	2	2	.....	.....
57	George Hausell, S. W. corner Broadway and Mosholu ave.....	4	2	2	.....	.....
57	Lena Olms, S. W. corner Riverdale ave. and River st. on W. Two Hundred and Fifty-fourth st.....	2	.....	.....	.....	.....
57	James Hughes, W. S. Broadway, near Two Hundred and Forty-second st.....	3	1	1	.....	.....
58	Mary L. Lyden, S. E. corner of Gun Hill Road and Station st.....	1	1	.....	.....	.....
58	Patrick Kennedy, 220 Potter Place.....	2	2	2	.....	.....
58	Louis Engel, Webster ave. and Mosholu Parkway.....	6	4	4	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Thirty-fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
58	Gustav Reidel, Webster ave., 200 ft. from Gunhill Road.	5	2	2	.....	.....
59	Arthur B. Labusch, 1085 Union ave.....	2	2	2	.....	.....
59	John Heimberg, 938 E. One Hundred and Sixty-fifth st.....	3	2	2	.....	.....
61	Fred Crook, 735 Tremont ave.....	5	4	4	1	.....
61	John J. Cox, 4215 Third ave.....	3	2	2	.....	.....
*61	Annie C. Heimberg, 761 Tremont ave.....	4	1	1	1	.....
62	Thomas J. Nolan, East side Jerome ave., 100 feet south 184th st.....	3	2	2	.....	.....
62	Ann McMahon, 602 Kingsbridge road.....	1	1	1	.....	.....
63	Katie Scharles, east side Jerome ave., near 213th st.....	1	1	1	.....	.....
63	George J. Muller, northeast corner 213th st. and Jerome ave.....	5	3	3	.....	.....
63	Louisa Beck, northeast corner 237th st. and Webster ave.....	2	2	2	.....	.....
66	Edward Bahrm, 652 East 152nd st.....	5	4	4	.....	.....
67	Walter Flatz, 742 St. Ann's ave.....	.....	.....	.....	.....	.....
75	Mary McLaughlin, 3101 Third ave.....	1	1	1	.....	.....
79	Thomas Russell, 4547 Third ave.....	4	.....	.....	.....	.....

79	Patrick Nolan, northwest corner Webster ave. and Kingsbridge road.....	7	6	6	.....
84	Carl Weiss, 1032 East 169th st.....	2	2	2	.....
85	Anton Eiskaut, 1000 East 169th st.....	4	.....	.....	.....
86	Sebastine Devito, 857 Morris ave.....	4	.....	.....	.....
86	Theodore Ladman, 905 Teller ave.....	4	2	2	.....
86	George H. Huber, 162nd st. and Jerome ave.	9	1	1	.....
88	Kate Johnson, west side Jerome ave.....	2	.....	.....	.....
92	Ray Freund, 1922 Webster ave.....	9	8	8	.....
93	Francis Conlon, 964 Tremont ave.....	6	2	2	.....
*93	Fritz Brieger, 4197 Third ave.....	12	5	5	1
93	Edw. McShane, 4213 Third ave.....	6	.....	.....	.....
93	Fred Bonicksen, 4203 Third ave.....	10	6	5	.....
94	Charlotte Seidel, 2294 Arthur ave.....	3	2	2	.....
94	Michael Pagnone, 2396 Hoffman st., bet. 186th and 187th sts.....	1	.....	.....	.....
94	Francisco Cimilio, 2477 Arthur ave.....	4	4	4	.....
94	Thomas J. Cahill, northwest corner 187th st. and Hughes ave.....	5	2	2	.....
95	Julia Retz, 1024 East 180th st.....	1	.....	.....	.....
95	Mary Lembach, 2260 Crotona ave.....	1	.....	.....	.....
Total.....		554	280	263	26
					21

Annexed Assembly District.

1	John Van Gelder, northeast corner Westchester and Classon ave.....	3	.....	.....	.....
2	Adam Schaefer, Avenue B and 12th st., Unionport.....	2	1	1	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Annered Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
2	Joseph Wagner, southwest corner Avenue C and Westchester ave.....	6	4	4	.....	.....
2	Emil Schoemmel, southwest corner Virginia and Westchester avenues.....	2	.....	.....	.....	.....
2	Chas. Eisle, northeast corner Sixth st. and Avenue A, Unionport.....	3	3	3	.....	.....
2	Wm. Schmitz, south side Westchester ave., 275 feet west Avenue D.....	4	2	1	.....	.....
2	Martin Hoffman, southeast corner Avenue B and 10th st., Unionport.....	3	1	1	.....	.....
3	Magdalene Lohbauer, New Dock road, opposite Boulevard, Throggs Neck.....	1	1	.....	.....	.....
3	Bertha Schroeder, northwest corner Eastern Boulevard and Haskens st.....	1	1	1	.....	.....
3	Maggie Nowak, northeast corner Ft. Schuyler road and Bowling Green, Throggs Neck.	3	3	3	.....	.....
3	Wm. J. Hughes, northwest corner Ft. Schuyler Road and Warren st., Westchester.....	3	3	3	.....	.....
3	Herman Krueger, northeast corner Seaview and Railroad ave., Baychester....	1	1	1	.....	.....

3	Maggio Hart, northwest corner Elliott ave. and Main st., Throggs Neck.....	2	1	1	.....
3	Chas. Miller, northeast corner Pelham and St. Paul's road, Baychester.....	2	2	2	.....
3	James E. Noonan, north side Ft. Schuyler road, 200 feet west Elliott ave., Throggs Neck.....	1	1	1	.....
3	Herman G. Gross, Pelham Parkway, Pelham Bay Park, Baychester.....	1	1	1	.....
3	Michael Kearney, southeast corner Green ave. and West Farms road, Westchester	1	.....	.....	.....
4	James B. Regan, west side Williamsbridge road, 100 feet of N.Y., N. H. & H. R. R. Co., Westchester.....	3	.....	.....	.....
4	Ellen Young, junction Silver st. and West Farms road, Westchester.....	.....	.....	.....	.....
4	Christina Krumsieck, north side Main st., 200 feet north Westchester ave., Westchester.....	2	2	2	.....
4	Julia C. Donnelly, southwest corner Main st. and Westchester ave., Westchester..	3	3	3	.....
4	Catherine Weigand, W. side Main st., 100 ft. off Westchester ave., Westchester.....	.....	.....	.....	.....
5	Arthur A. Whitcomb, W. S. Bronxdale ave., 300 feet of West Farms road, Westchester.....	1	1	1	.....
5	Nellie Parfitt, W. S. Bronxdale ave., 60 feet west of Morris Park ave., Westchester.....	3	3	2	.....
5	Johanna Sulzer, E. S. Bronx Park ave., 300 feet west of Morris Park ave., Van Nest.	1	.....	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Annexed Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed. residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
6	Antoine Gorra, W. S. Newell ave., between Julian and Elizabeth sts., Williamsbridge	1	1	1	.....	.....
6	Martin Lifgren, N. E. corner Boston Post road and White Plains road, Eastchester	4	.....	.....	.....	.....
6	Lizzie Labietti, E. S. Elliott ave., 40 feet W. of Duncan ave., Williamsbridge.....	6	2	2	.....	.....
6	Wm. Thwaites, junction Boston road and White Plains road, Bronxdale.....	3	1	1	2	2
6	John Schoef, S. W. cor. Pelham ave. and Boston road, Bronxdale.....	1	1	1	.....	.....
6	James Ramsden, E. S. Boston Post road, 75 feet E. of White Plains road, Bronxdale.....	1	.....	.....	.....	.....
8	George Paider, N. E. corner 229th st. and White Plains road, Wakefield.....	5	.....	.....	.....	.....
8	Stanislaus Grobeski, W. S. 11th st., between Fourth and White Plains aves., Williamsbridge.....	2	1	1	.....	.....
9	Louis Keller, Old Boston road, opposite Fifth ave., Eastchester.....	11	3	3	.....	.....

9	Julia E. C. Wendt, terminus of Town Dock road, Eastchester.....	3	2	2	.....	.....
10	Philip Hauser, S. W. corner Becker ave. and Catherine st., Wakefield.....	1	1	1	.....	.....
11	Thomas Cummings, N. W. corner Main and Cross sts., City Island.....	2	2	2	.....	.....
11	Caroline Augus, N. S. Main st., 100 feet north of Cross st., City Island.....	1	1	1	.....	.....
11	Daniel Schafer, E. S. Elizabeth st., 125 feet north of Main st., City Island.....	1	1	1	.....	.....
11	Francesca Klaus, S. E. corner Bridge st. and Minneford ave., City Island.....	3	2	2	.....	.....
11	Fredk. W. Paas, S. E. corner of Bridge and Main sts., City Island.....	1	1	1	.....	.....
11	John W. Earl, N. E. corner Main st. and Horton lane, City Island.....	4	2	2	.....	.....
11	Herman Brake, ft. Prospect st., City Island.	1	1	1	.....	.....
11	Jacob P. Schwind, W. S. New Rochelle road between Bartow & Pelham station, Pelham Bay Park.....	2	2	2	.....	.....
11	Annie Petro, 400 feet from Main road, Pelham Bay Park.....	3	3	2	.....	.....
11	Elizabeth Good, E. S. Main st., 125 ft. east Pilot ave., City Island.....	2	2	2	.....	.....
11	Jacob Smith, East end of Ditman st. and Long Island Sound, City Island.....	3	3	3	.....	.....
11	John T. Jordan, west of City Island Bridge, Pelham Bay Park.....	1	1	1	.....	.....
11	Robert Spittell, Pelham Bay Park, 150 feet from Main road.....	2	2	2	.....	.....

MANHATTAN AND BRONX—(Continued).

HOTEL VOTE.

Annered Assembly District—Continued.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
11	Lizette Gack, N. S. Pelham Bay road, Pelham Bay Park.....	2	2	2	.....	.....
11	Charles H. Walker, E. S. Main st., near Centre st., City Island.....	1	1	1	.....	.....
11	Joseph C. Dixon, S. W. corner Minneford ave., Terrace Place, City Island.....	2	2	2	.....	.....
12	Ida A. Michels, S. S. Unionport road, 100 feet S. of West Farms road, Van Nest..	3	2	2	.....	.....
12	Erminia Guolano, S. S. of West Farms road, East of Rosedale ave., Van Nest.....	2	.....	.....	.....	.....
12	Frederick J. Barbanes, N. W. corner Washington st. and R. R. ave., Unionport...	1	1	1	.....	.....
12	August Beckmann, N. E. corner Westchester and Unionport road. Unionport.	.....	.....	.....	.....	.....
12	Rose Schoemmell, W. S. Westchester ave., 200 feet west of Avenue D, Unionport...	1	1	1	.....	.....
12	Adolph Cronemeyer, S. W. corner St. Lawrence and West Farms road, Van Nest.	2	.....	.....	.....	.....
13	Marie Brasse, S. W. corner Union ave. and West Farms road, Westchester.....	1	1	1	.....	.....

14	William B. Herbert, N. W. corner West Farms and Unionport roads, Van Nest.	3	3	3	3	2
14	Susanna Doempke, N. W. corner West Farms road and Bronx Park ave., Van Nest.....	10	2	2	3	2
14	Joseph Sormani, W. S. Newell ave., 200 feet N. of Elizabeth st., Williamsbridge	.....	.....	.....	.....	.....
14	Frederick Kuhlmann, S. W. corner Bronx Park ave. and West Farms road, Van Nest.....	4	.....	.....	.....	.....
15	George H. Sundermann, S. W. corner White Plains ave. and 233d st., Wakefield	2	.....	.....	.....	.....
15	Anna Weiss, S. W. corner 9th st. and White Plains road, Williamsbridge.....	3	3	3	3	.....
	Total.....	153	87	83	2	2

KINGS COUNTY.

LODGING-HOUSE VOTE.

First Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
1	William Watson, 6 Henry st.....	77	27	24	.....	.....
1	Alfredo Del Genovese, 76 Fulton st.....	57	34	29	.....	.....
1	Alfredo Del Genovese, 66 Fulton st.....	35	23	21	1	1
*5	Charles Semker, 296 Fulton st.....	25	21	21	5	5
10	Henry Clinton, 141-143 Atlantic ave.....	58	23	17	.....	.....
*12	Michael Flynn, 178 Fulton st.....	72	64	59	16	16
	Total.....	324	192	171	22	22

Second Assembly District.

*11	William H. Lyons, 355 Pearl st.....	41	24	23	17	17
12	A. De Parma & Co., 17 Myrtle ave.....	25	13	11	1	1
*12	George F. Langenbacher, 8-10 Tillary st.....	128	61	54	8	7
12	Brooklyn City Mission Co., 14-16 Tillary street.....	74	51	44	3	2
12	Alice Flynn, 289-291 Fulton st.....	55	22	20	3	3
*13	Mary McCormack, 223 Fulton st.....	45	26	23	12	9
18	Charles H. Semker, 109 Fulton st.....	24	13	12	2	2
21	William H. Lyons, 43-45 Fulton st.....	50	28	26	3	3
*21	William McGarl, 1-3 York st.....	25	6	6	9	8

#21	William H. Lyons, 29-31 Fulton st.....	114	75	71	19	13
#22	Alfredo Del Genovese, 50-54 Fulton st....	134	108	99	10	9
	Total.....	715	427	389	87	74

Third Assembly District.

#16	William Cassel, 70 Summit st.....	37	25	25	11	9
	Total.....	37	25	25	11	9

Fourth Assembly District.

6	Philip Denning, 3 Wallabout market.....	20	11	9	.....	.....
	Total.....	20	11	9	.....	.....

Fifth Assembly District.

13	John E. Colgan, 109 S. 6th st.....	37	22	19	1	1
14	Philip J. O'Mara, 314-316 Bedford ave....	86	71	69	3	3
14	J. F. Smith, 302 Bedford ave.....	32	23	23	.....	.....
14	James F. Smith, 134 Grand st.....	58	44	43	2	2
#25	J. F. Smith, 658-660 Broadway.....	61	22	21	8	8
	Total.....	274	182	175	14	14

KINGS COUNTY—(Continued).

LODGING-HOUSE VOTE.

Seventh Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
10	Thomas J. McFeeley, 272 E. 41st st.....	17	7	4	.....	.....
	Total.....	17	7	4	.....	.....

Ninth Assembly District.

11	Alfredo Del Genovese, 32-34 Hamilton ave.	25	16	14	2	2
	Total.....	25	16	14	2	2

Tenth Assembly District.

16	Charles Reiner, 1002 Wallabout market...	25	9	5	1	1
	Total.....	25	9	5	1	1

Thirteenth Assembly District.

*1	Brooklyn City Mission Society.....	18	11	10	9	7
	Total.....	18	11	10	9	7

KINGS COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
17	William Munro, 307 Livingston st.....	1	.....	.....	.....	.....
18	Minnie Kramer, 351-353 Atlantic ave....	3	2	2	.....	.....
20	James Mahoney, 46 Third ave.....	5	3	3	.....	.....
21	Edward Meyer, 64 Flatbush ave.....	.....	.....	.....	.....	.....
22	Michael Shannon, 137-139 Court St.....	1	.....	.....	.....	.....
24	Martin G. Neuberg, 286 Atlantic ave.....	1	.....	.....	.....	.....
24	Richard Schoaf, 293 Atlantic ave.....	6	6	5	.....	.....
24	Martin Holtz, 80 Smith st.....	9	9	8	.....	.....
24	Carl Nilson, 319-321 Atlantic ave.....	4	1	1	.....	.....
25	Robert Lindberg, 402 Atlantic ave.....	21	11	10	.....	.....
26	Herman F. Kracke, 515 Atlantic ave.....	3	1	1	.....	.....
	Total.....	182	92	87	117	108

Second Assembly District.

3	Thos. Gorman, 121 Bridge st.....	11	5	5	.....	.....
4	George Cassidy, 29 Navy st.....	8	5	5	2	2
4	Alex. McKelvey, 237 Sands st.....	5	2	2	.....	.....
5	John Kearney, 161 Bridge st.....	8	4	4	.....	.....
5	Calleron Bros., 164 Hudson st.....	.....	.....	.....	.....	.....

6	Felix McKenna, 207 Bridge st.	8	6	5	1	1
10	Lena Steffen, 57-59 Myrtle ave.	2	2	2	1	
10	Charles R. Graves, 71 Myrtle ave.	4	3	3		
11	Herman Schumacher, 449 Fulton st.	3	2	2		
11	Cox & Foley, 20-24 Willoughby st.	6	3	3		
11	Herman Engelke, 387 Jay st., 48 Wil-	1	1	1		
	loughby st.	8	2	2		
11	George Bartels, 423 Fulton st.	8	2	2		
12	28 Myrtle ave.	8	7	7		
13	1, 49 Tillary st.	1	1	1		
13	William Goldstein, 207 Washington st.	4	3	3		
13	Niedrich Seelins 227 Fulton st.	12	10	10		
14	Jay st., 89 Tillary st.	1	1	1		
14	Thomas W. Kiernan, 215 Jay st.	11	10	10		
15	Charles J. Dill, 154 Bridge st.	6	3	3		
16	John Oates, 89 Nassau st.	7	5	5		
17	Frederick Kramer, 183 Washington st.	4	3	3		
17	Jentzen Krebs, 9 Nassau st., corner Lib-	9	2	2		
	erty st.	10	4	4		
17	James J. Power, 18 High st.	6	1	1		
17	Theresie Loeffler, 32 Sands st.	5	3	3		
17	Joseph F. Russ, 163-167 Fulton st.	10	4	4		
17	Justus L. Werther, 50 Sands st.	6	1	1		
17	Wallace G. Reudenbuck, 157 Washington st.	5	3	3		
18	Morris Selig, 125 Fulton st.	21	13	10		
21	Jahn & Rerigan, 1-5 Fulton st., cor. Water st.					

KINGS COUNTY—(Continued).

HOTEL VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
22	Peter Bauer, 12-16 Fulton st.....	7	2	2	.....	.....
22	Robert Matthews, 11 Fulton st.....	.....	.....	.....	.....	.....
	Total.....	176	102	99	12	12

Third Assembly District.

1	Karl Schulze, 2 Atlantic ave.....	10	2	2	.....	.....
1	Jos. Kunz, 8-10 Atlantic ave.....	5	3	3	.....	.....
11	Thomas Hahorsen, 2-6 Union st.....	5	.....	.....	.....	.....
12	Joseph Shields, 324 Court st.....	5	5	4	.....	.....
16	Jerome Nolan, 307 Columbia st.....	.....	.....	.....	.....	.....
17	John F. Murphy, 1 Hamilton ave.....	.....	.....	.....	.....	.....
17	Louis Braun, 88 Union st.....	1	1	1	.....	.....
17	Charles Cordes, 2-4 Sackett st.....	4	2	2	.....	.....
17	Joseph Dennington, 3 Ferry place.....	.....	.....	.....	.....	.....
17	Gustave Fromberg, 11 President st.....	4	3	2	.....	.....
17	Ernest Killgast, 25 Hamilton ave.....	5	1	1	.....	.....
	Total.....	39	17	15	.....	.....

Fourth Assembly District.

1	Joseph Oliger, 581 Kent ave.	4	4	4	1	1
5	John F. Madden, 698 Wythe ave.	8	6	6	5	5
6	Theodore Klatte, 339 Flushing ave.	4	2	2	2	2
7	John F. Klatte, 703-705 Wythe ave.	6	5	5	5	5
11	Augustus, 334 Fulton st.	9	3	3	3	3
20	Emina, Franklin st.	4	4	4	4	4
22	Louis, Franklin st.	4	3	3	3	3
23	James, Franklin st.	3	2	2	2	2
23	George, 8-1278 Fulton st.	.....	.....	.....	.....	.....
23	Ebbets & Carruthers, 1134-1152 Fulton st.	.....	.....	.....	.....	.....
23	George Boerman, 1155-1157 Fulton st.	5	3	3	3	3
23	John Koster, 1186 Bedford ave.	2	.....	.....	.....	.....
27	Engelbert Rick, 814 Bedford ave.	5	4	3	3	3
28	Charles McCauley, 505 Myrtle ave.	12	9	9	9	9
28	Samuel Silverman, 515 Myrtle ave.	2	.....	.....	.....	.....
28	Reiss & Waldeck, 234-236 Flushing ave.	4	1	1	1	1
Total.....		72	46	44	44	44

Fifth Assembly District.

2	Frank N. Taerner, 12-14 Broadway	2	1	1	1	1
2	Condon & Nally, 413-419 Kent ave.	10	2	1	1	1
2	H. Ostermann & Co., 18-20 Broadway	2	2	.....	.....	.....
2	Peter F. Whalen, 421 Kent ave.	12	10	10	10	10
2	Valentine Roth, 399 Broadway, 166 South Eighth st.	1	1	1	1	1
3	Edgar R. Gallavan, 184 Broadway	5	4	3	3	3

KINGS COUNTY—(Continued).

HOTEL VOTE.

Fifth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
3	Meta Klanger, 208 Broadway, 183 South Eighth st.....	3	2	2	1	1
3	Anthony Steyrer, 145 Broadway.....	4	1	1	.....	.....
4	John Rewood, 32 Grand st.....	3	1	1	.....	.....
4	George Geschwinder, 267 Kent ave.....	.....	.....	.....	.....	.....
7	John H. Patjen, 367 Bedford ave.....	4	4	2	.....	.....
7	Louise Werth, 351 Bedford ave.....	5	5	5	.....	.....
10	David Doncaster, 183 Division ave.....	4	3	3	.....	.....
10	John W. Otten, 297 Broadway.....	3	2	2	1	1
10	John Gourley, 266-268 Broadway.....	5	5	4	.....	.....
13	William H. Haggerty, 27-29 Broadway..	1	1	1	.....	.....
13	William Schmidt, 19 Broadway.....	6	6	6	.....	.....
13	Michael Minden, 5-9 Broadway.....	.....	.....	.....	.....	.....
21	Sadie Gabowitz, 492 Broadway.....	1	1	1	.....	.....
22	Claus Buck, 79 Harrison ave.....	4	3	2	.....	.....
22	Louis Baron, 206 Middleton st.....	2	1	1	.....	.....
22	John J. Palmer, 22-24 Throop ave.....	5	4	4	.....	.....
22	Joseph C. Matthesius, 12 Throop ave.....	4	4	4	.....	.....
23	Charles Lorenz, 190 Harrison ave.....	8	6	6	.....	.....
24	Charles Lutz, 183-185 Harrison ave.....	2	2	2	.....	.....
24	Harry Slutsky, 594 Broadway.....	.....	.....	.....	.....	.....

24	Charles Ortner, 574 Broadway.....	6	2.	2	.....
25	Joseph Mehling, 745 Flushing ave.....	2	1	1	.....
	Total.....	104	74	69	4

Sixth Assembly District.

1	James McDonald, 688 Myrtle ave.....	3	3	2	.....
2	Humbert P. Rockwell, 973 Bedford ave..	2	2	2	.....
3	Hamann & Traphofner, 616 DeKalb ave..	3	.....	.....	.....
4	William Hudtwalker, 609-611 DeKalb ave.	6	.....	.....	.....
7	Joseph E. Connor, 81 Nostrand ave.....	8	8	.....	.....
9	George Dillmer, 36 Hopkins st.....	7	7	7	.....
10	Lehmaier Bros., 752 Broadway.....	6	4	4	.....
10	George Schmitt, 21 Delmonico place.....	1	1	1	.....
10	Gottfried Margnardt, 656 Flushing ave...	10	2	2	.....
13	Henry Meyer, 833 Myrtle ave.....	6	1	1	.....
19	Charles Baumann, 868 Broadway.....	.....	.....	.....	.....
20	George Tappen, 912 Broadway.....	4	.....	.....	.....
22	Henry Sinteff, 939 DeKalb ave.....	6	3	3	.....
31	William Munch, 926-932 Broadway.....	6	5	5	.....
	Total.....	68	36	27	.....

Seventh Assembly District.

1	Bridget Hurly, 723 Fifth ave.....	11	9	9	.....
3	Theodore Krombach, 755 Third ave.....	7	3	3	.....
3	Karen Bros., 708 Third ave.....	3	2	2	.....
4	Louis Conrad, 724 Fifth ave.....	1	1	1	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed. residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
5	Edmund W. Davidson, 773-775 Third ave.	4	3	1	1	.....
6	Thomas F. Wogan, 669-671 Second ave...	9	8	8	.....	.....
9	John J. Hanrahan, 3933 Third ave.....	8	7	7	.....	.....
10	William Moran, 400 39th st.....	1	.....	.....	.....	.....
10	George Meindiercks, 113 42d st.....	4	.....	.....	.....	.....
10	Mary Cartey, 673 Second ave.....	1	.....	.....	.....	.....
10	Madeline Oson, 202 42d st.....	7	4	4	.....	.....
11	Edwin A. Wahlbeck, 909 Second ave.....	12	1	1	.....	.....
11	William F. Mangels, 4702 Third ave.....	4	.....	.....	.....	.....
11	William Murphy, 1178 Third ave.....	4	4	4	.....	.....
11	Karl Wellennick, 5202 Third ave.....	10	4	3	.....	.....
11	Oliver J. Olsen, 4802 Third ave.....	16	6	6	.....	.....
27	Jacob Schaefer, 5733 Third ave.....	8	3	2	.....	.....
27	Ernest Jantzen, 5701 Third ave.....	16	5	4	.....	.....
27	James Lipich, 5801 Third ave.....	.....	.....	.....	4	3
28	Charles H. Greenfield, S. E. corner 69th st. and New Utrecht ave.....	10	1	1	.....	.....
29	John A. Sutter, Sr., S. E. corner Ocean Parkway and 18th ave.....	5	.....	.....	.....	.....
29	Harry M. Donnelly, N. W. corner Foster ave. and Ocean Parkway.....	2	.....	.....	.....	.....

30	William Koch, 6501 Third ave.....	.....	.....	.....	.....
30	Paul Pfretzschner, 5911 Third ave.....	.....	.....	.....	.....
30	Rebecca B. Parker, N. W. corner Bay Ridge and Third ave.....	1	1	1	.....
30	Fred. H. Stahlhut, 647 First ave.....	5	.....	.....	.....
30	John T. Hudson, 254 Bay Ridge ave.....	1	1	1	.....
31	William Hartman, N. W. corner 100th st. and Fourth ave., Fort Hamilton.....	9	4	3	1
31	Harry Murphy, S. E. corner 99th st. and Third ave., Fort Hamilton.....	4	2	2	.....
31	Dominick Fusan, S.W. corner 90th st. and Fourth ave.....	2	1	1	.....
31	Lawrence Dineen, N. W. corner 94th st. and Fifth ave., Fort Hamilton.....	5	2	2	.....
31	Patrick J. Breslin, S. E. corner 91st st. and Third and Fort Hamilton aves.....	2	2	2	.....
31	Charles H. Johnson, N. E. corner Fourth ave. and 92d st., Fort Hamilton.....	2	2	2	.....
32	Robert F. Supper, S. W. corner Cropsey ave. and Bay 22d st.....	6	4	4	.....
32	John Sullivan, S. E. corner Bath ave. and Bay 22d street.....	4	2	2	.....
32	Ray Levy, 1802 Bath ave.....	3	2	2	.....
32	Clara H. Weiman, S. W. corner Bath ave. and Bay 20th st.....	5	3	3	.....
33	Nicholas Thompson, N. E. corner 92d st. and Dahlgren Place.....	3	2	2	.....
33	Henry Feldmann, N. E. corner 92d st. and Fort Hamilton ave.....	1	1	1	.....
33	James Kiernan, 1031 Fourth ave.....	.....	.....	.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
*33	Thomas Hodgkiss, N. E. corner Fourth ave. and 89th st.....	4	3	3	23	23
*33	Johanna Smith, S. E. corner 92d st. and Ft. Hamilton Parkway.....	2	2	2	11	11
33	Virginia Trainor, 1815 Benson ave.....	1	.....	.....	.....	.....
*33	George J. Gruben, E. S. of Dahlgren Place, 100 feet S. of Ninety-second st.....	2	2	2	4	4
33	Martin Kelly, 1031 Fourth ave.....	1	.....	.....	.....	.....
35	Adolph Lohrs, S. W. corner Bay Ridge and Fifth aves.....	4	.....	.....	.....	.....
36	John C. Eckhoff, N. S. Sixty-sixth st., 20 feet W. of Seventh ave.....	1	1	1	1	1
36	Conrad Pelging, N. E. corner Sixtieth st. and Fort Hamilton ave.....	.....	.....	.....	.....	.....
37	Ira McKane, S. W. corner Voorhis ave. and Twenty-second st.....	.....	.....	.....	.....	.....
38	Abraham Silverstone, N. W. corner of Thirty-ninth st. and Fort Hamilton Parkway.....	2	.....	.....	.....	.....
38	Frederick H. Winkler, 3902 New Utrecht avenue.....	3	.....	.....	.....	.....

38	Mirnia Rohmeling, 3901 New Utrecht ave.	5	.....	.....	.....	.....	.....
*39	Philip Leit, S. W. corner Sixtieth st. and New Utrecht ave.....	4	1	1	4	4	
39	John Brandner, N. W. corner Fifty-ninth st. and New Utrecht ave.....	7	2	2			
41	Albert Seidler, S. E. corner Eighty-sixth st. and Bay Thirteenth st.....	3	3	.....		
41	Catherine Stein, 1625 Bath ave.....	2	2	2			
41	Charles Siering, N. W. corner Bath and Bay Fourteenth st.....	4	4	4			
42	Jacob Koeppler, S. W. corner Rutherford and Eighteenth aves.....	4	1	1			
42	Mary L. Richardson, E. S. and foot of Bay Fifteenth st., Bath Beach.....	2	2	2			
42	Karl Buchmiller, S. S. of Bay 16th st. and Eighty-third st.....	2	.....	.....	
42	Timothy Donovan, S. W. corner Bath ave. and Seventeenth ave.....	2	2	2	1	1	
*42	Samuel Meyers, S. S. Cropsey ave., between Bay Sixteenth and Seventeenth streets.....		.....	.....	3	3	
43	Charles A. Schaler, corner Cropsey ave. and Bay Twenty-second st.....	2	.....	.....	
43	Ernest Priefer, East corner Bath ave. and Bay Twenty-second st.....	3	.....	.....	
45	Golden Horn Brewing Co., S. E. corner Ninety-fifth st. and Third ave.....	.....	.....	.....
46	Cornelius J. Hogan, corner Harway ave. and Bay Forty-third st.....	4	4	4	4	4	

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
46	Philip A. Kerner, Nassau railroad, 200 feet S. of 25th ave.....	6	5	1	.....	.....
46	Maggie Ellis, Cropsey and Twenty-fifth aves.....	1	1	1	.....	.....
46	William Stillwell, S. W. corner Bay Forty-eighth st. and Harway ave.....	.....	.....	.....	1	1
46	William Texter, S. W. corner Harway and Twenty-fifth aves., Ulmer Park.....	3	2	2	.....	.....
46	Peter J. Olin, foot of Bay Forty-seventh st.	1	1	1	.....	.....
46	Richard Jatzek, corner Harway ave. and Bay Forty-third st.....	2	2	2	.....	.....
46	Maggie Ellis, Harway and Twenty-fifth aves.....	1	1	1	.....	.....
46	Ida Texter, W. side foot of Twenty-fifth ave.....	.....	.....	.....	.....	.....
46	Carl Pera, Cropsey ave. and Bay Thirty-ninth st.....	4	3	1	.....	.....
46	Hall Rossignol, foot of Harway ave., south side.....	1	.....	.....	.....	.....
47	Ray Kalmuk, W. S. Gravesend ave., 440 ft. S. of Avenue J.....	1	.....	.....	.....	.....

47	Thomas Tault, W. S. Gravesend ave., 25 ft. N. of Avenue W.....	2	1	1	.....
47	Charles A. Bader, S. W. corner Kings High- way and Ocean Parkway.....	2	2	2	.....
47	Charles Bodenhausen, W. S. Ocean Park- way, opposite Avenue M.....	10	.....	.....	.....
47	Margaret Maloney, N. E. corner Gravesend and Twenty-second ave.....	3	2	2	.....
47	Engelbert Schindelbeck, S. W. corner Gravesend ave. and Avenue W.....	2	2	2	.....
48	George Kirchhuber, N. E. corner Avenue L and Ocean Parkway.....	2	2	2	.....
49	James E. Burke, S. W. corner Avenue D and Ocean ave.....	4	3	3	.....
49	Henry Luhrs, 35 Liberty st.....	.....	.....	.....	.....
50	Louis H. Kreyer, S. E. corner Kings High- way and Coney Island ave.....	.....	.....	.....	.....
50	John Hamlin, N. W. corner Johnson's lane and Ocean Parkway.....	2	.....	.....	.....
51	Otto Bruns, W. S. of W. Twenty-eighth st., 100 feet N. of Surf ave.....	2	2	2	.....
51	Mary J. Vielkind, N. S. Surf ave., 80 feet W. of W. Eighth st.....	3	.....	.....	.....
51	Charles A. Tennant, N. W. corner Surf ave. and W. Twenty-second st.....	3	.....	.....	.....
51	Nicolo Ambrose, 15 Mermaid ave.....	3	.....	.....	.....
51	John Henry, N. S. Surf ave., about 100 feet E. of W. Twenty-third st.....	3	2	2	.....
52	Louis Stauch, S. S. Bowery.....	12	4	4	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
52	Emily Warshauer, S. S. Henderson's Walk, 100 feet S. of Bowery.....	7	4	4	.....	.....
52	Edward Parker, Surf ave. and Thompson's Walk.....	7	4	4	1	.....
52	John H. Whalen, E. S. of W. Thirty-fifth st., 150 feet S. of Surf ave.....	1	.....	.....	.....	.....
52	Frederick P. Davison, Steeplechase Park Hotel.....	.....	.....	.....	.....	.....
52	F. P. Henderson & Co., S. W. corner Surf ave.....	.....	.....	.....	.....	.....
52	W. W. Richardson, Culver's Plaza.....	.....	.....	.....	.....	.....
52	Ike Hollander, Bowery and Henderson's Walk.....	1	1	1	.....	.....
52	Conrad Stubenbord, Surf ave. and Iron Pier	1	.....	.....	.....	.....
52	August Wilson, N. W. corner Tilyou's Cross Walk, Belvedere Hotel.....	4	3	3	.....	.....
52	Philias Jolly, S. W. corner Surf ave. and W. Eighth st.....	4	2	2	.....	.....
52	Frank S. Griffin, S. E. corner Bowery and Henderson's Walk.....	3	2	2	1	1

52	Ponlyrs Gouneau, S. E. corner Bowery and Buschmann's walk.....	8	4	4	4	.....	.....
52	Eli Lent, S. W. corner Bowery and Kensington walk.....	1	.....	.....	.....	.....	.....
52	Charles L. Feltman, Surf ave., 160 feet W. of Tenth st.....	3	2	2	2	.....	.....
52	Joseph Laubenberger, Surf ave., opposite W. Sixteenth st.....	7	6	6	6	1	.....
52	James C. Kennedy, Seaside walk, 200 feet S. of Bowery.....	5	4	4	4	.....	.....
52	Joseph Eberhardt, Henderson's walk, 100 feet south of Surf ave.....	5	5	5	5	.....	.....
52	Bertha Lent, corner Broadway and Sheridan's walk.....	3	1	1	1	.....	.....
52	Henry Strube, Surf ave., 30 feet E. of Thompson's walk.....	4	3	3	3	.....	.....
52	Louis Bosch, corner Surf ave. and Buschmann's walk.....	10	6	6	6	.....	.....
52	Otto Arkeman, Tilyou's walk.....	2	2	2	2	.....	.....
52	John R. Considine, Dreamland Park.....	.....	.....	.....	.....	2	2
52	Edward Murray, Twentieth st. and beach front.....	.....	.....	.....	.....	.....	.....
52	Magnus A. Peterson, Ocean front and Tenth st.....	1	1	1	1	.....	.....
52	Louis Arkeman, N. S. Bowery.....	.....	.....	.....	.....	.....	.....
52	Louis Schulze, E. S. Ocean walk.....	1	1	1	1	.....	.....
52	John S. Oberle, Ocean front E., of W. Twenty-ninth st.....	1	1	1	1	.....	.....
52	George Sutherland, N. S. Bowery, 85 feet E. of Henderson's walk.....	4	4	4	4	.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
52	Bernard Wacke, S. W. corner Bowery and Buschmann's walk.....	3	3	3	.....	.....
52	Sadie Gerth, S. W. corner Surf ave. and Schweikert's walk.....	1	1	1	.....	.....
52	Patrick S. Gleason, Ocean front, 75 feet W. of W. Twenty-fourth st.....	3	2	2	.....	.....
52	David T. Davis, E. S. Schweikert's walk, 100 feet S. of Surf ave.....	1	1	1	.....	.....
52	Luigi Afariello, Surf ave., opposite W. Fifteenth st.....	1	.....	.....	.....	.....
52	Thomas Sutphen, S. E. corner Surf ave. and Henderson's walk.....	6	6	6	1	1
52	John T. Rowe, N. E. corner Bowery and Henderson's walk.....	1	1	1	.....	.....
52	Victor Olsen, E. S. Kensington walk, 100 feet south of Bowery.....	4	4	3	.....	.....
52	William T. Loudon, S. E. corner of Surf ave. and Kensington walk.....	6	3	3	.....	.....
52	Martha F. Hoch, N. S. Buschmann's walk and Ocean front.....	2	1	1	.....	.....

52	Charles Henry, W. S., foot of Sheridan's Walk and Ocean front.....	2		2		2	.....
52	Joseph Coleman, N. S. Bowery, 128 feet W. of Jones' Walk.....	1		1		1	.....
52	George Moneel, N. W. of Bowery and Buschmann's Walk.....	.....		.....		.....	.....
52	George S. Scoville, Ocean front, 106 feet E. of W. Twenty-sixth st.....	.....		.....		.....	.....
52	George Wolf, W. S. Stratton's Walk, 108 feet south of Surf ave. and E. S. of Schweikert's Walk.....	2		2		2	.....
52	John F. Shea, N. E. corner Bowery and Buschmann's Walk.....	3		2		2	.....
52	John E. Conomopoulous, S. S. Bowery, about 30 feet W. of Henderson's Walk.	4		.....		.....	.....
52	Henry Connors, N. W. corner Bowery and Thompson's Walk.....	1		1		1	.....
52	Charles Weiss, Ocean board walk, between Thompson's and Jones' Walks.....	1		1		1	.....
52	John R. Considine, Dreamland Park, west end of Bathing Pavilion.....	.....		.....		.....	.....
52	Louis Stauch, S. S. Bowery, from Stratton's and Schweikert's Walk to hotel.....	.....		.....		.....	.....
52	William Edwards, W. S. Oceanic Walk, 200 feet S. of Bowery.....	3		2		2	.....
52	Nettie M. Keese, S. E. corner Surf ave. and Stratton's Walk.....	.....		.....		.....	.....
52	William Scheussler, N. W. corner E. Fifth st. and Shore Road.....	2		.....		.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
53	William C. Cole, Luna Park, Surf ave., between W. Eighth and W. Twelfth sts.	.....	.....	.....	.....	.....
52	Gustave W. Newman, N. E. corner Surf ave. and Stillwell ave.	8	4	4	.....	.....
53	William Walsh, N. W. corner Surf and Stillwell aves.	10	7	7	.....	.....
53	Edward Smith, 2058 W. Fifteenth st.	.....	.....	.....	.....	.....
53	Carmine Alfano, 2861 W. Fifteenth st.	1	.....	.....	.....	.....
53	Richard Garmo, N. E. corner Surf ave. and Eighth st.	3	.....	.....	.....	.....
53	Domenico Saladino, S. W. corner W. Seventeenth st. and Canal ave.	2	2	2	.....	.....
53	Maria Panerillo, 2823 W. Fifteenth st.	1	.....	.....	.....	.....
53	Anthony Steffens, 2902 W. Fifteenth st.	14	10	10	.....	.....
53	Leftwich & Price, 2886 W. Fifteenth st.	9	5	5	.....	.....
53	Michele Matta, 2922 W. Fifteenth st.	2	1	1	.....	.....
53	Archie B. Davis, 2850 W. Fifteenth st.	4	4	4	.....	.....
53	Charles Pelky, N. S. Surf ave., 200 feet W. of W. Fifteenth st.	4	3	3	.....	.....
53	Joseph L. Conrad, S. E. corner Neptune ave. and Culver R. R.	2	.....	.....	.....	.....

53	Harry O'Brien, N. W. corner Surf ave. and W. Thirteenth st.....	4	3	3	.....	.....
53	Fred Nana, N. W. corner Surf ave. and W. Sixteenth st.....	2	1	1	.....	.....
53	Peter Wickel, N. E. corner Sheephead Bay Road and E. Sixteenth st.....	2	.....	.....	.....	.....
53	August Nebenahl, N. W. corner Surf ave. and W. Nineteenth st.....	.....	.....	.....	.....	.....
53	Maria De Lucca, N. S. Surf ave., 65 feet E. of W. Sixteenth st.....	.....	.....	.....	.....	.....
53	Frederick W. Kister, N. E. corner Surf ave. and W. Eleventh st.....	.....	.....	.....	.....	.....
53	Therese Clement, N. E. corner Surf ave. and W. Fifteenth st.....	1	1	1	.....	.....
53	Chas. P. Foley, N. S. Surf ave., 120 feet W. of W. Twelfth st.....	9	5	5	.....	.....
53	Martin J. Rausher, N. S. Surf ave., about 150 feet E. of W. Eighth st.....	2	.....	.....	.....	.....
53	Matthew Schultz, N. S. Surf ave., about 60 feet E. of W. Fifteenth st.....	6	2	2	.....	.....
53	Frank J. Curnon, S. E. corner of Neptune ave. and Seventeenth st.....	6	3	3	.....	.....
53	Adam Yockel, E. S. of W. Eighth st., 400 feet N. of Surf ave.....	3	.....	.....	.....	.....
53	Henry P. Hoagland, N. W. corner Surf ave. and W. Eighteenth st.....	1	.....	.....	.....	.....
53	Patty & Kellmer, N. W. corner Surf ave. and W. Twelfth st.....	1	.....	.....	.....	.....
53	John A. Conley, N. W. corner of Surf ave., 60 feet W. of W. Seventeenth st.....	7	3	.....	.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed. residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
54	Charles Buser, N. E. corner W. Fifth st. and Sheepshead Bay Road.....	6	6	6	.....	.....
54	Patrick M. McArdle, S. E. corner W. Fifth st. and Sheepshead Bay Road.....	.....	.....	.....	.....	.....
54	Charles A. Roth, N. E. corner Sea Breeze ave. and W. Fifth st.....	1	1	1	.....	.....
54	Henry D. Muller, S. S. Surf ave., between W. Fifth st. and W. Eighth st.....	.....	.....	.....	.....	.....
54	Peter J. Doyle, N. S. Surf ave., west side of Culver Depot.....	2	2	2	.....	.....
54	John Kavakos, S. E. corner W. Eighth st. and Surf ave.....	3	3	3	.....	.....
54	Fred J. Burkhardt, S. S. Sheepshead Bay Road, 100 feet east of W. Fifth st.....	18	13	11	.....	.....
54	Matthew Lynch, N. W. corner W. Fifth st. and Park Place.....	7	4	4	.....	.....
54	Mary A. Fitzpatrick, N. W. corner of W. Third st. and Park Place.....	13	1	1	.....	.....
54	George W. Vanderveer, N. W. corner Surf ave. and W. Fifth st.....	4	4	4	.....	.....

54	Frank F. Clayton, N. S. Surf ave., 50 feet W. of Fifth st.....	9	7	6	.....
54	Victor Steiner, S. W. corner Avenue W and E. Seventy-sixth st.....	1	.....	.....	.....
54	Frederick Bregel, S. S. and foot of Avenue A.....	1	.....	1	.....
55	Gustave F. Koerner, N. E. corner Park Place and W. Third st.....	3	3	.....	.....
55	Frank Galla, W. corner of Park Place and W. Second st.....	1	1	.....	.....
55	Wilbur H. Vannote, N. W. corner Neptune ave. and W. Second st.....	2	2	1	.....
55	Nicholas Becker, S. E. corner Sheepshead Bay Road and W. Third st.....	6	4	3	.....
55	Andrew Ast, S. W. corner of Ocean Parkway and Railroad ave.....	6	3	3	.....
55	Ida Schmidt, W. S. Ocean Parkway, 100 feet north of Park Place.....	3	2	2	.....
55	Mary Knorer, W. S. Ocean Parkway, 150 feet S. of Sheepshead Bay Road.....	2	2	2	.....
55	George W. Conklin, E. S. Sheepshead Bay Road, 280 feet S. of Voorhees ave.....	.....	.....	.....	.....
55	Gottlieb Seyfried, S. W. corner Ocean Parkway and Sheepshead Bay Road.....	5	4	3	.....
55	John C. Proudman, N. E. corner Ocean Parkway and Sea Breeze ave.....	2	2	2	.....
55	Andrew Ast, S. W. corner W. First st. and Park Place.....	7	5	5	.....
55	Walter Washington, N. W. corner Neptune ave. and Ocean Parkway.....	1	1	1	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
56	Annie Kean, S. S. Emmons ave., 250 feet W. of Shore Road.....	2	1	1	.....	.....
56	Rudolph Geivert, N. W. corner Shore Road and Emmons ave.....	10	4	4	.....	.....
56	Thomas Haggerty, N. W. Emmons Lane and Ocean ave.....	11	.....	.....	.....	.....
56	Robert H. Clark, Jerome ave. and Sheepshead Bay Road.....	3	3	3	.....	.....
56	John W. Corrodi, corner Shore Road and Brighton Beach R. R.....	5	3	3	.....	.....
56	Stephen Newburger, corner Emmons ave., 125 feet from Ocean ave.....	1	1	1	.....	.....
56	Dominick O'Lagner, S. S. Emmons ave., south of Shore Road.....	1	1	1	.....	.....
56	Bert G. Lewis, Ocean front, 700 feet east of Brighton depot.....	.....	.....	.....	.....	.....
56	Brighton Beach Pier & Navigation Co., Brighton Beach.....	.....	.....	.....	.....	.....
56	Edward Curley, N. W. corner Emmons and Ocean aves.....	1	1	1	.....	.....

56.	William Schaefer, Ocean Parkway, opposite Brighton Beach racetrack	5	.....	.....	.....	.....	.....	.....	.....
56	William Selleck, N. E. corner Jerome ave. and E. Seventeenth st.	2	2	.....	.....	.....	.....	.....	.....
57	William H. Miller, E. Sixty-third st., Sheepshead Rav.	5	4	.....	.....	4	.....	.....	.....
57	N. W. of Avenue E and st.	1	.....	.....	.....	.....	.....	.....	.....
57	Ocean and Emmons aves.	2	2	.....	.....	2	.....	.....	.....
57	M. J. Rausher & Bro., N. S. Emmons ave, 150 feet east of Ocean ave.	3	3	.....	.....	3	.....	.....	.....
57	Lillian J. Storm, N. E. corner Emmons ave. and Twentv-third st	2	.....	.....	.....	.....	.....	.....	.....
57	James mons ave., 100 feet	.....	.....	.....	.....	.....	.....	.....	.....
Total.....		724	392	362	60	56			

Ninth Assembly District.

1	John D. Milligan, 637 Fifth ave.	5	4	4	.....	.....	.....	.....	.....
3	James J. Heffernan, 594 Fourth ave., 176 Prospect ave.	11	11	11	.....	.....	.....	.....	.....
5	Mary Rovetti, 439 Columbia st.	.....	.....	.....	.....	.....	.....	.....	.....
6	Herman Waacke, end of Long Dock, Erie Basin.	1	1	1	.....	.....	.....	.....	.....
6	Henry Savarese, Long Dock, Erie Basin.	3	2	2	.....	.....	.....	.....	.....
6	John Finnegan, 48 Beard st.	9	6	6	.....	.....	.....	.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Ninth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
11	Thomas J. Moran, 228-230 Van Brunt st., 88 Commerce st.....	9	7	5	.....	.....
11	George Cordes, 1 Summitt st.....	7	3	3	.....	.....
	Total.....	45	34	32	3	2

Tenth Assembly District.

3	H. A. & J. W. Edgett, 556-558 Fulton st., 13 Flatbush ave.....	2	1	1	.....	.....
3	John Ryan, 603 Fulton st.....	.....	.....	.....	.....	.....
3	Chas. E. Christie, 63 Flatbush ave., 102 Rockwell place.....	2	.....	.....	.....	.....
3	John N. Silsbe, 629 Fulton st.....	.....	.....	.....	.....	.....
5	William Carroll, 135 Willoughby st.....	.....	.....	.....	.....	.....
5	John N. Muller, 230 Duffield st.....	4	1	.....	.....	.....
5	Herman Pitz, 124 Myrtle ave., 156 Duffield st.....	1	1	1	.....	.....
6	Esther Salzman, 205 Myrtle ave.....	2	.....	.....	.....	.....
7	Boss H. Hawkins, 160 Myrtle ave.....	1	1	1	.....	.....
9	Edward Sweeney, 287 Myrtle ave.....	9	2	2	.....	.....

13	Harry Paulson, 124 Park ave.....	3	.....4	.....	.....
16	Robert C. Farnan, 164-166 Flushing ave..	6	.....	.....	.....
22	Samuel Kraus, 715 Atlantic ave.....	1	1	.....	.....
22	Henry C. Radloff, 732 Fulton st., 341 Cum- berland st.....	2	1	1	.....
	Total.....	33	12	11	.....

Eleventh Assembly District.

1	George C. Dietz, 653 Fulton st.....	.....	.....	.....	.....	1	.....
2	William J. Shannon, 580-582 Fulton st....	2	.....2	.....	.....	.....	.....
2	Edward Schurmann, 588 Fulton st., 77 Rockwell place.....	3	2	2	.....	.....	.....
2	William K. Baeder, 600 Fulton st.....	6	3	3	.....	.....	.....
7	Bernard Sweeney, 623 Vanderbilt ave....	5	5	5	.....	2	.....
8	Edward J. Lyman, 367 St. Marks ave.....	1	1	.....	.....	.....	.....
17	Haaren & Dede, 130 Flatbush ave., 600 Atlantic ave.....	4	4	.....	.....	2	.....
17	John J. Rafferty, 182-188 Flatbush ave....	2	1	.....	.....	.....	.....
19	William J. Donohoe, 90 Fifth ave.....	4	4	.....	.....	.....	.....
22	Martin A. Phelps, 205 Fifth ave.....	4	1	.....	.....	.....	.....
26	William Duge, 353 Flatbush ave.....	1	1	.....	.....	.....	.....
26	William Siebert, 359-365 Flatbush ave....	6	3	.....	.....	.....	.....
27	John Connaughton, 888 Franklin ave.....	8	3	.....	.....	.....	.....
27	Joseph Eberhardt, E. S. Washington ave., between Montgomery and Malbon, 100 feet south of Montgomery st.....	1	.....	.....	.....	.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Eleventh Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
29	Frank J. Hefferman, 222 Fifth ave.....	2	2	2	.....	.....
29	Hugh McHugh, 239 Fifth ave.....	5	2	2	.....	.....
	Total.....	54	34	33	5	4

Twelfth Assembly District.

1	Hattie R. Clarkson, 1 Prospect Park, W, corner Union st.....	1	.....	.....	.....	.....
3	Michael J. Gorman, 230-232 Seventh ave.	7	5	5	1	1
6	Hilduch Apel, 364 Fifth ave.....	3	3	3	.....	.....
9	August J. Doscher, 441-443 Third ave....	4	2	2	1	1
13	Henry H. Tietjens, 577 Fifth ave.....	4	1	1	2	2
13	William Kolls, 261-269 Prospect ave.....	.....	.....	.....	.....	.....
15	John L. Nellis, 513 Fifth ave.....	11	4	.....	.....	.....
18	Christian Bahr, 439-441 Fifth ave.....	1	1	1	.....	.....
19	Frederick F. Nolte, 326-330 Seventh ave., 435 Ninth st.....	3	2	2	.....	.....
21	Peter J. Noonan, 1202 Eighth ave.....	4	4	4	.....	.....
23	Max Hartman, S. E. corner Fifteenth st. and Ninth ave.....	2	2	2	.....	.....

25	William G. Marguering, 306 Prospect ave..	16	8	5	.....	.....
27	Elizabeth Cox, 369 Nineteenth st.....	4	3	2	.....	.....
27	Timothy Guilfoyle, 304 Prospect Park, W.	13	3	3	.....	.....
27	O'Donnell, Lyden & Co., 316-320 Prospect Park, W.....	11	2	2	.....	.....
32	Adolph Rose, 304 Fifth ave.....	6	4	3	1	1
37	Edward Milles, 291 Prospect Park, W....	9	9	9	.....	.....
37	Peter J. Smith, 275 Prospect Park, W....	8	2	2	.....	.....
	Total.....	107	55	46	5	4

Thirteenth Assembly District.

1	Mary J. Mulkin, 150 Franklin st.....	14	13	1	1	.....
1	Charles Henke, 146 Franklin st.....	3	1	1	.....	.....
1	Adolph Schroeder, 895 Manhattan ave....	2	1	1	.....	.....
3	Charles Guhring, 202-206 Calyer st.....	2	2	2	.....	.....
22	Frank Dahlbender, 603 Grand st.....	8	7	7	.....	.....
33	William Fuhr, 784-788 Grand st.....	5	4	4	1	1
	Total.....	34	28	16	2	1

Fourteenth Assembly District.

4	John Korn, 1114 Manhattan ave.....	5	4	4	.....	.....
5	William Crooks, 1107 Manhattan ave.....	6	2	2	.....	.....
5	Silas C. Edwards, 1109-1113 Manhattan ave.....	57	42	33	5	4
5	John Whittaker, 1149-1153 Manhattan ave.	.....	.....	.....	.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Fourteenth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
5	Thomas F. Shields, 1115 Manhattan ave...	6	6	6	.....	.....
6	James Clark, 1067 Manhattan ave.....	3	3	3	.....	.....
7	Wilhelmina Rhein, 238-240 Franklin st..	14	7	6	.....	.....
9	Michael J. Tuohy, 177 Franklin st.....	11	3	3	.....	.....
9	Joseph Schnyder, 159 Franklin st.....	10	5	4	.....	.....
9	Joseph Bowler, 145 Franklin st.....	3	2	2	.....	.....
9	Martin O'Grady, 23 Greenpoint ave.....	8	.....	.....	.....	.....
9	Thomas J. Cummings, 17-19 Greenpoint ave.....	6	3	3	.....	.....
9	John H. Dunkok, 35 Greenpoint ave.....	8	2	2	.....	.....
9	Martin Genneroth, 27 Greenpoint ave....	9	3	3	.....	.....
10	Rudolph Eggers, 55 Greenpoint ave.....	8	6	6	.....	.....
10	Dennis H. Gildea, 110 Franklin st.....	4	4	4	.....	.....
10	James Davis, 113 Franklin st.....	4	3	3	.....	.....
11	Charles H. Topp, 771 Manhattan ave.....	2	2	2	.....	.....
16	John Schmidt, 223 Kent ave.....	9	4	3	.....	.....
16	Jos. J. Kiernan, 203 Kent ave.....	.....	.....	.....	.....	.....
Total.....		173	101	89	5	4

Fifteenth Assembly District.

1	Robert Gabrecht, 355 Grand st., 52 Marcy ave.....	9	7	7	1	1
2	Arthur Ireharne, 439 Grand st.....	9	6	6	.....	.....
3	John Kurk, 464 Grand st.....	.....	.....	.....	.....	.....
7	Richard Werner, 449 Broadway.....	1	.....	.....	.....	.....
7	Adolph Haebig, 5-7 Boerum st.....	8	3	3	2	2
7	Anthony Ahrend, 283 Lorimer st.....	12	11	11	.....	.....
9	George W. Lemarty, 46 Ten Eyck st.....	2	.....	.....	.....	.....
11	Fred Dehler, 148 Meserole st.....	.....	.....	.....	.....	.....
14	Gustave A. Keampffer, 28 Graham ave.....	8	.....	.....	.....	.....
14	Belmer Co., 727 Broadway.....	.....	.....	.....	.....	.....
17	Gottlieb Massa, 150 Graham ave.....	10	6	6	1	1
18	George Frey, 243 Bushwick ave.....	3	3	3	.....	.....
19	Christian Meyer, 188 Scholes st.....	6	5	5	.....	.....
20	Charles Schindler, 202 Graham ave.....	5	2	2	.....	.....
	Total.....	73	43	43	4	4

Sixteenth Assembly District.

3	Robert Pirie, 835 Gates ave.....	3	3	3	.....	.....
8	John Fulton, 1752 Fulton st.....	5	5	4	.....	.....
15	Herman Steneck, 103 Sumpter st.....	.....	.....	.....	.....	.....
21	August Steckweg, 1576 Broadway.....	14	5	5	2	2
25	James V. Lemaire, 1360 Broadway.....	2	2	2	.....	.....
35	Charles Wichmann, 994 Jefferson ave.....	3	2	2	.....	.....
	Total.....	27	17	16	2	2

KINGS COUNTY—(Continued).

HOTEL VOTE.

Seventeenth Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
1	Henry Behrens, 1237 Atlantic ave.....	3	3	3	.....	.....
2	William A. Huebner, 1213 Fulton st.....	.....	.....	.....	.....	.....
5	August Fortmann, 1119 Bedford ave.....	4	2	2	.....	.....
7	Bertram & Voll, 403-5-7 Gates ave.....	1	1	1	.....	.....
8	Annie M. Scheland, 1011 Bedford ave.....	3	3	3	.....	.....
14	Henry Precht, 435 Tompkins ave.....	4	3	3	.....	.....
15	David Sloane, 1373 Fulton st.....	2	1	1	.....	.....
15	Carruthers & Dunne, 1409-11 Fulton st..	1	.....	.....	.....	.....
	Total.....	18	13	13	.....	.....

Eighteenth Assembly District.

2	Mary E. Hayes, 1325 Ocean ave.....	6	.....	.....	.....	.....
3	Graft & Bertram, 1418 Fulton st., 10 Brooklyn ave.....	7	6	5	.....	.....
7	Herman Muhnken, 1866 Atlantic ave.....	4	1	.....	.....	.....
8	Charles J. Schriefer, N. S. Eastern Parkway.....
10	John W. Eckelkamp, 502 Ralph ave.....	2	2	2
21	Arthur V. Ibberson, 324 Albany ave.....

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25	Walter J. Welshusen, N. W. corner Bedford and Eastern Parkway.....	8	5	5
27	Louis Miller, 1011 Flatbush ave.....	2
27	Thomas E. Pierce, S. E. corner Nostrand and Vernon ayes.....	1	1	.....	.....
27	John J. Bollinger, 1051 Flatbush ave.....	4	3	.....	.....
28	Julius Brandaw, 135 Tilden ave.....	2	.....	.....	.....
28	Philip McCuc, 261 Clarkson st.....	2	.....	.....	.....
28	Margaret Hardigan, N. W. corner Vernon and Canarsie ayes.....	2	2	.....	.....
28	Geo. P. Lane, S. W. corner Canarsie and Tilden ayes.....	2	.....	.....	.....
29	Bertram & Voll, 821 Rogers ave.....	5	3	.....	.....
30	Richard Bown, 496 Clarkson st.....	4	4	.....	.....
30	Alice Murray 545 Albany ave.....	1	1	.....	.....
31	Jacob S. E. corner Webster and Harry McDowell, N. W. corner Ocean Parkway and Foster ave.....	2	1	1	.....
31	Eliza Blockley, S. W. corner Long Island and Webster ayes.....	2	2	.....	.....
32	Mary T. Graham, 1268 Thirty-ninth st.....	1	1	.....	.....
32	August E. Tillbrandt, 3817 Twelfth ave.....	4	4	.....	.....
33	John Danklef, N. E. corner Flatbush ave. and Malbon st.....	3	1	.....	.....
33	Daniel F. Riley, 9 Ocean ave.....	8	1	.....	.....
35	Henry Hesterburg, 781 Flatbush ave.....	2	2	.....	.....
36	Henry Dittmer, N. E. corner Nostrand and Clarkson st.....	.....	.....	.....	.....
		2	2	1	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Eighteenth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
36	Elizabeth Beiber, 221 Clarkson st.....	5	5	5	.....	.....
37	Jacob Lind, S. E. corner Parkside and Ocean ave.....	4	2	2	.....	.....
38	Charles Buman, 2210 Church ave.....	3	3	3	1	1
38	Michael Murphy, 41 Snyder ave.....	2	2	2	.....	.....
38	John Stroh, 137 Snyder ave.....	4	.....	.....	.....	.....
39	Geo. D. Baeder, S. E. corner Ocean Parkway and Coney Island ave.....	5	5	4	.....	.....
39	Jacob Auteurith, corner Ocean Parkway and Caton Place.....	1	1	1	.....	.....
39	May D. Leonard, S. W. corner Coney Island ave. and Caton Place.....	1	1	1	.....	.....
43	Celine Bleichner, N. W. corner Avenue D and E. Fourth st.....	2	.....	.....	.....	.....
46	Julius L. Krish, S. E. corner Coney Island ave. and Avenue C.....	2	2	2	.....	.....
49	Geo. Fulling, S. E. corner Rogers ave. and Clarendon Place.....	1	1	1	.....	.....
50	Eli Miller, 2019 Nostrand ave.....	5	3	3	.....	.....
52	Henry Deyc, 1488 Flatbush ave.....	6	3	3	.....	.....
52	Geo. Allers, 1562 Flatbush ave.....	3	3	3	.....	.....

54	Marie Hildebrandt, Lindon Park.....	2			2	.....
54	Henry Boberg, foot of E. Thirty-eighth st., Coleman's Landing.....	1	2		1	.....
54	George Allers, S. E. corner E. Forty-ninth st. and Avenue N.....	6	6		6	.....
54	Richard Warren, W. S. Coleman Landing, near Avenue W.....	2	2		2	.....
54	Thomas Gilfeather, S. W. corner Flatbush ave. and Kings Highway.....	2	2		2	.....
55	John Zemstra, S. W. end Barren Island....	3	1		1	.....
55	Joseph S. Walters, Broadway, Barren Island.....	3	3		3	.....
55	Henry W. Rohde, west end Barren Island.	1	1		1	.....
56	Henry C. Quaritins, N. S. Rockaway ave..	1	1		1	.....
56	Henry H. Husman, E. S. Rockaway ave..	2	2		2	.....
56	John Whittaker, S. W. side of Rockaway ave.....	1	1		1	.....
56	Diedrich Behrmann, N. W. corner Ave. K.	1				.....
56	Fred Boegel, Canarsie shore, 165 feet N. of Kings Highway.....	1	1		1	.....
56	William Biggs, N. W. corner Schenck and Rockaway ave.....	1	1		1	.....
56	Ernest Harma, foot of Lott's Lane, 400 feet S. of Avenue W.....	3				.....
56	William Warner, foot of Canarsie Landing	1	1		1	.....
56	James Mertz, Canarsie Landing.....	1	1		1	.....
56	Howard Robinson, Canarsie Pier.....	1				.....
56	Lawrence Messenger, Canarsie shore.....					.....
56	Henry Meyer, E. S. foot of Parkway ave., Canarsie shore.....					.....

KINGS COUNTY—(Continued).

HOTEL VOTE.

Eighteenth Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
56	Charles Sharpegger, Canarsie shore.....	.....	.....	.....	.....	.....
56	John Adam Eppig, N. W. corner of Rockaway and E. Ninety-fifth st.....	.....	.....	.....	.....	.....
56	Philip F. McCarthy, Canarsie shore.....	.....	.....	.....	.....	.....
56	Marie Feith, S. W. corner Rockaway ave..	2	2	2	.....	.....
57	Frank Burkhardt, N. W. corner Avenue G and E. Ninety-fifth st.....	1	1	1	.....	.....
58	Julius Taft, W. S. Rockaway ave.....	3	3	2	.....	.....
58	Henry Abraham, N. W. corner Conklin ave.	6	3	3	.....	.....
58	Fred W. Harms, S. S. Rockaway ave.....	1	1	1	.....	.....
58	Crown Bros., S. W. corner New Lots and Chester st.....	6	2	1	.....	.....
58	The Bergen Beach Co., Casino Hotel on Board Walk, Bergen Beach.....	.....	.....	.....	.....	.....
58	Henry Keuer, E. Ninety-second st., 100 feet S. of Tompkin ave.....	1	.....	.....	.....	.....
	Total.....	171	111	103	1	1

Nineteenth Assembly District.

6	Wm. C. Stockert, 999 Grant st.....	12	5	4	.....
10	Margaretta Zoebelin, 186 Moore st.....	7	7	7	.....
11	Jacob Klein, 2 Vandervoort place.....	8	4	3	.....
12	Martin Norchler, 1134 Flushing ave.....	6	6	5	.....
17	Henry J. Holtermann, 2 Jefferson st.....	.....	.....	.....	.....
20	Frank H. Lemaire, 1151 Broadway.....	.....	.....	.....	.....
21	B. Schmitt, 81 Evergreen ave., 7 George st.	7	7	7	2
23	Diedrich Burfiend, 1191 Broadway.....	8	5	5	.....
23	Henry Starke, 1173 Broadway.....	6	5	1	.....
	Total.....	54	39	32	2

Twentieth Assembly District.

7	John J. Hughes, 1311 Myrtle ave.....	7	7	7	.....
7	Charles Dashway, 1280-1282 Myrtle ave..	8	5	4	.....
14	Richard H. Holtermann, 1560 Myrtle ave.	2	2	2	.....
14	August Bauerle, 325 Wyckoff ave.....	2	1	1	.....
14	May Muss, 1575-1577 Myrtle ave.....	8	3	2	1
16	Roos & Hochwait, 275 Hamburg ave.....	.....	.....	.....	.....
20	William H. Allers, 1223-1225 Broadway..	3	1	1	5
22	Theo. Schweickert, 1349 Broadway.....	6	4	4	.....
29	Geo. J. Grogan, 1337 Bushwick ave.....	2	2	2	.....
30	Henry W. Vogel, 1711 Broadway.....	.....	.....	.....	.....
30	John Heutschell, 1381-1385 Bushwick ave.	1	1	1	.....
37	Christopher Callahan, 299 Wyckoff ave...	7	4	4	.....
41	Max Horr, 1461 Broadway.....	2	2	2	.....
	Total.....	48	32	30	6

KINGS COUNTY—(Continued).

HOTEL VOTE.

Twenty-first Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
9	Catherine Kraemer, 1963 Broadway.....	.....	.....	.....	.....	.....
9	John O. Moesch, 1913 Broadway.....	7	6	5	.....	.....
9	Wm. H. Law, 1967 Broadway.....	5	4	4	.....	.....
14	Herman Laninger, S. W. corner Cooper st. and Central ave.....	.....	.....	.....	.....	.....
16	Lizzie Seitz, 1460 Bushwick ave.....	5	4	4	.....	.....
17	Jacob P. Payez, 1557 Bushwick ave.....	.....	.....	.....	.....	.....
18	Piel Bros., Liberty and Sheffield aves.....	.....	.....	.....	.....	.....
18	Charles Ulma, 2572 Fulton st., 3 Alabama ave.....	5	3	3	.....	.....
18	Patrick Murphy, 2590 Fulton st.....	5	3	2	1	1
18	George Schneider, 21 Alabama ave.....	1	1	1	.....	.....
18	Philip Debold, 299 Liberty ave.....	5	.....	.....	.....	.....
19	Henry Nitz, 112-114 Wyona st.....	7	4	4	.....	.....
19	Sarah B. Wilber, 2720-2722 Atlantic ave..	.....	.....	.....	.....	.....
22	Jacob Heinz, 636 Glenmore ave.....	2	1	1	.....	.....
24	John Thoene, 139 Miller ave.....	7	6	6	.....	.....
*27	Frank J. Drollinger, 737-739 Glenmore ave	8	2	2	4	4
27	Wm. H. Schreiber, 2986 Fulton st.....	5	5	5	.....	.....
27	Gussie Butt, 740-742 Liberty ave.....	2	2	2	.....	.....
28	Louis G. Torborg, 2434 Pitkins ave.....	4	2	2	.....	.....

29	Anna M. H. McKenzie, 861 Glenmore ave..	3		3		3	.....	.....
32	William F. Gratz, 948 Jamaica ave.	2		2		2	.....	.....
32	Cecelia Koerner, N. E. cor. Fulton and Crescent sts.	7		3		3	.....	..... 1
33	Michael Pfohlmann, 3486 Atlantic ave. ....						.....	..... 1
34	Andrew McCormick, 4 Bradford st.	1		1		1	.....	.....
34	John Gunther, 118 Jamaica ave.	3		2		2	.....	.....
34	John Kerrigan, 1 Alabama ave., 2575 Fulton st.	6		2		2	.....	..... 1
34	George H. Meyer, 2789 Fulton st.	5		4		4	.....	.....
34	J. J. Trommer, 1632 Bushwick ave. ....						.....	.....
34	Adolph Schmidt, N. E. cor. Bushwick and Jamaica aves.	1		1		1	.....	.....
34	Elizabeth McCue, 2595 Fulton st.	11		6		6	.....	.....
35	Annie M. Hoehn, 2671 Pitkins ave.	5		1		1	.....	.....
35	David S. Wicklen, Old Mill Hotel, Old Mill Landing, Twenty-sixth ward.	1		1		1	.....	.....
35	Ferdinand Gundermann, E. S. Old Mill Creek about 250 feet N. of 2 Flood Gate.	2		1		1	.....	..... 1
36	John J. Courtney, Junction Fulton st., Vesta ave. and Norman place, 2443 Fulton. ....						.....	.....
36	Charles Buchow, 2463 Atlantic ave.	2		2		2	.....	.....
36	Luigi Molinari, 130 Sackman st.	6		2		2	.....	.....
36	Fred'k. P. Luhrs, 2465-9 Atlantic ave.	3		2		2	.....	.....
36	Pasquale Nicoletto, 197 Stone ave. ....						.....	.....
36	Charles J. Volkenning, 467 East New York ave.	1		1		1	.....	.....
36	Pasquale Buonora, 168-70 Stone ave.	3		2		2	.....	.....
36	James Aquavella, 2037 Pacific st.	5					.....	..... 1
36		4		4		4	.....	.....

KINGS COUNTY—(Continued).

HOTEL VOTE.
Twenty-first Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
37	John Meyer, 322 Rockaway ave.....	4	4	4	1	1
38	Israel Birken, 274 E. New York ave.....	4	2	2	1	1
41	Jacob Levy, 522 Stone ave.....	.....	.....	.....	.....	.....
46	Antonio Tizzano, 2450 Fulton st.....	2	.....	.....	.....	.....
46	Charles E. Van Sise, 2300 Fulton st.....	.....	.....	.....	.....	.....
47	Marie Schneider, 554-6 Glenmore ave.....	1	1	1	.....	.....
47	Christian Stillwagon, 337-339 Van Sicklen ave.....	2	2	2	.....	.....
51	Adolph O. Buttner, 858 Glenmore ave.....	1	.....	.....	.....	.....
52	Charles Burrucker, 814 Jamaica ave.....	2	2	2	.....	.....
52	Ira Marx, 794-6 Jamaica ave.....	1	.....	.....	.....	.....
53	George H. Grautegen, 385 Arlington ave.	9	6	6	.....	.....
54	Henry F. Grimm, 1041 Liberty ave.....	1	1	1	.....	.....
54	John G. Sarborg, 1043-45 Liberty ave.....	2	2	2	.....	.....
54	Mary J. Carbine, S. E. cor. Enfield st. and Liberty ave.....	3	2	2	.....	.....
	Total.....	171	105	103	11	11

*Hotels occupying only part of the premises, except in the 19th, 25th and 27th assembly districts of New York county, and the 1st assembly district of Kings county, where many patrons of the large hotels absent in the country during the summer, returned after the hotel report was filed in this office. Such hotels are the Fifth Avenue, Netherland, Grand, Astoria and the St. George in Brooklyn.

QUEENS COUNTY.

HOTEL VOTE.

First Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
1	Edward J. Lonargan, 31 Borden ave.....	15	15	15	.....	.....
1	Herman Keefeld, 19 Borden ave.....	10	2	2	.....	.....
1	Edward D. Shered, 3 Vernon ave.....	18	8	6	.....	.....
1	Mary H. Miller, 1 Borden ave.....	14	10	10	.....	.....
1	James Robinson, 15 Borden ave.....	1	1	1	.....	.....
1	Hugh Quinn, 75 Vernon ave.....	9	6	6	.....	.....
1	Frank Gohl, 43 Borden ave.....	11	8	8	.....	.....
1	Christopher Graham, 29 Borden ave.....	11	9	8	.....	.....
1	Aug. Geo. Dunstadter, 100 Flushing st....	30	17	13	2	2
7	Charles Klein, 290 Jackson ave.....	1	1	1	.....	.....
8	John Pilnaceke, N. W. cor. Beebe and Jackson ave.....	1	1	1	.....	.....
9	Ferdinand Tredike, 74 Sherman st.....	5	2	2	.....	.....
9	John Boscher, 683 Vernon ave.....	2	2	2	.....	.....
12	Martin Fogal, 29 Fulton ave.....	2	2	2	.....	.....
12	John Wirth, 48 Mill st.....	15	2	2	.....	.....
12	Christina Johnno, 91 Fulton ave.....	6	4	3	.....	.....
12	William H. Sheurer & Co., 1 Fulton ave....	7	3	3	.....	.....
14	Julius Clair, 3 Woolsey ave.....	8	1	1	.....	.....
14	Antonini Bisbano, W. S. Winthrop ave. near Lawrence st.....	5	1	1	.....	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
16	Charles J. Feitz, 924 Tenth ave.....	5	1	1	.....	.....
16	William Zulge, 403 Winthrop ave.....	5	3	3	.....	.....
17	William H. Sheurer, 532 Flushing ave.....	2	2	2	.....	.....
17	Fritz Klenk, 408 Flushing ave.....	4	1	1	.....	.....
17	Edward E. Shaufer, 522 Flushing ave.....	6	2	2	1	.....
20	Irish Am. Athletic Club, N. S. Celtic ave. between Borden and Anable aves.....	3	1	1	.....	.....
21	Andrew McGarry, 71 Greenpoint ave.....	2	2	2	.....	.....
21	Joseph McLoughlin, 164 Greenpoint ave..	4	3	3	.....	.....
21	James T. Flaherty, 45 Bradley ave.....	1	1	1	.....	.....
21	William Beyer, 124 Greenpoint ave.....	3	3	3	.....	.....
21	Patrick J. Connolly, 108 Greenpoint ave..	1	1	1	.....	.....
21	John King, 125 Greenpoint ave.....	9	3	1	.....	.....
21	Alice Toner, S. W. corner Bradley ave. and Shell road.....	1	1	1	.....	.....
21	James Mullin, 27 Bradley ave.....	2	2	2	.....	.....
22	Carl Dreier, 237 Vernon ave.....	12	7	6	.....	.....
24	John Devine, 374 Jackson ave.....	4	4	4	.....	.....
25	Frank Oliviero, 175 Broadway.....	1	1	1	1	1
25	George P. Starck, 756 Boulevard.....	2	1	1	.....	.....
25	August Reysen, 42 Jamaica ave.....	3	2	2	2	2

27	Frank Rocklein, 110 Main st.	7		4					
30	Amelia Pietzsch, 465 Flushing ave.	2		2					
30	Joseph Hochstein, 725 Steinway ave.	4		1					
30	Patrick J. Murphy, southwest corner Jackson and Woodside Aves.	14		7					
32	Rudolph Bruer, 508 Broadway.	2		2					
32	William Wettecke, S. E. corner Broadway, and Steinway Ave.	2		2					
33	William Keineig, northeast corner Flushing and Woodward Aves.	1		1					
34	August F. Bohnemann, S. E. corner Woodward and Green ave.								
34	Frank J. Wolff, 478 Grove st.								
36	Richard Niederstein, 1988 Metropolitan ave.	1							
36	Dora Schmidt, S. S. Metropolitan ave., opposite entrance Lutheran Cemetery.	1							
36	Agnes Leibold, south side Metropolitan ave., near Juniper ave.	2							
36	Emma O. Siebs, northeast corner Metropolitan and Juniper aves.	2		1					
36	Peter Becker, northwest corner Metropolitan ave and Dry Harbor road.	1		1					
36	Philip Wannemacker, south side Metropolitan ave. near Brooklyn city.	1		1					
36	Adolph Dlonhy, southwest corner Metropolitan ave. and Fresh Pond road.	1							
36	Joseph Wulforsh, northeast corner Metropolitan and Cooper aves.	2							
36	Louis Niederstein, southwest corner Olivet and Eveline ave.	2		2					

QUEENS COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
37	Anton Braun, southwest corner Metropolitan and Washington ave.....	2	1	1	.....	.....
37	Anna Leibacher, south side Myrtle ave., Glendale.....	2	1	1	.....	.....
37	Andrew Galtz, north side Nicholas ave., near Flushing.....	3	2	2	.....	.....
37	August Meyer, southwest corner Wittian st. and Newtown road.....	4	2	2	.....	.....
37	William Riebling, northwest corner Myrtle and Martin aves.....	3	2	2	.....	.....
37	Thekla Schaefer, southeast corner Myrtle and Martin aves.....	7	5	5	.....	.....
37	George Schundt, north side Myrtle ave., near Dry Harbor road.....	3	3	2	.....	.....
37	Charles Walz, east side Flushing ave., near William st.....	4	2	2	.....	.....
37	Bernhard Koenig, north side Myrtle ave., between Van Dine and Martin aves.....	6	6	6	.....	.....
37	Sebastian Hoffman, southeast corner Cooper and Lafayette aves.....	2	.....	.....	.....	.....
37	Henry Klobutcheck, southwest corner Myrtle and Woodlawn aves.....	1	1	1	.....	.....

No.	Name	1	2	3	4	5	6	7	8	9	10
37	Julia Franzen, northeast corner Myrtle and Flushing aves	1		1							
38	Fred'k Grafelmann, 1768 Metropolitan ave.	3		3							
38	Herman Biegler, 1754 Metropolitan ave.	2		2							
38	Philip Wannemacker, north side Metro- politan ave., near Mt. Olivet.....	3		3							
38	Minnie Peters, southwest corner Myrtle ave. and Fresh Pond road.....	2		2							
38	Joseph Banzer, south side Cypress, West of Fresh Pond road.....										
38	Jacob Franz, 66 Myrtle ave.	4		1							
39	Albert Blohm Myrtle near St. Nicholas ave.,	6		4							
40	Frank P ide Myrtle ave.,										
40	opp. Elm ave., Evergreen.....	4		3							
40	Mabel Ray, 781 Wyckoff ave., Evergreen.	2		1							
40	Fred C. Kiencher, southeast corner Myrtle and Cypress aves.....	2		1							
40	Theodore H. Maurer, southeast corner Wyckoff ave. and Halsey st., Evergreen	3		1							
40	Louis Kress, southeast corner Cypress ave. and Willow st.....	4		4							
40	Louis Schmidt, 65 Myrtle ave., Evergreen	4		3							
40	Philip Rugner, 215 Covert st., Evergreen..	2									
41	Minnie Fricke, northwest corner Central ave. and Buena Vista st., Corona.....	2		2							
41	William Reinold, 23 Forest ave., East Wil- liamsburg	2									
42	August Krimers, northwest corner Onder- donk and DeKalb aves.....	7		1							

QUEENS COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
43	Edward Ellinger, 337 St. Nicholas ave., East Williamsburgh.....	3	.....	.....	.....	.....
44	William Steinmann, northwest corner Prospect place and railroad track.....	2	.....	.....	.....	.....
44	Stive Linke, northeast corner Metropolitan ave. and Helen st., East Williamsburgh.....	1	.....	.....	.....	.....
44	Arthur Stounnell, N. E. cor. Metropolitan ave. and Collins ave., East Williamsburgh.....	3	1	1	.....	.....
44	Charles Wolf, northeast corner Metropolitan tan ave and William st.....	5	2	2	.....	.....
44,	Johanna Reis, southeast corner John st. and Metropolitan ave.....	1	.....	.....	.....	.....
44	Henry Gatyert, 135 First ave.....	3	.....	.....	.....	.....
46	William Meyer, southeast corner Cypress ave and Norman st.....	2	2	2	.....	.....
46	Fritz Loeber, 63 Washington av., Evergreen	2	2	2	.....	.....
47	Charles T. Salt, southwest corner Union and Jamaica aves., Elmhurst.....	4	.....	.....	.....	.....
48	Lieba Oberte, northwest corner Montgomery and Jones ave., Laurel Hill.....	.....	.....	.....	.....	.....
49	Paul Seip, east side Betts ave., between Thompson and Shell road.....	3	3	3	.....	.....

49	William Markman, east side Betts ave. near Percy street.....	2		2		2	.....
49	John Muller, southwest corner Greenpoint and Grand aves., Woodside.....	2		1		1	.....
51	Frederick Erbe, southwest corner Boule- vard and Ehret ave.....						.....
51	August Erbe, east side Maple ave. and Old Bowery Bay road.....						.....
51	Charles D. Schanne, west side Maple ave., near Bowery Bay road.....						.....
51	Charles D. Schanne, Brooklyn City Brew- ery Park, east of Maple ave.....						.....
51	Wolf Weisman, Grand Pier, North Beach.....						.....
51	Lena Danfkirch, Junction Boulevard and Old Bowery Bay road.....	1		1		1	.....
51	George Bonhag, northeast corner Old Bow- ery Bay Road.....	1		1		1	.....
51	Gustave Buschatyke, Terminal Hotel, Sil- ver Spring, west side Ehret ave.....						.....
51	Emil Bottke, west side Flushing Bay in Brooklyn City Brewery Park.....						.....
51	Louis Schneider, west side Maple ave., be- tween Jackson Boulevard and Old Bow- ery Bay road.....	6		2		2	.....
51	Edward Rae, southeast corner Jackson Boulevard and Beach st.....						.....
51	George Weyh, Glenworth ave., near Jack- son Boulevard.....	3		3		3	.....
51	Bennett Diettrich, 127 Grand Pier ave ...						.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
51	William Hessler, north side Old Bowery Bay Road between Riker and Winthrop ave.....	.....	.....	.....	.....	.....
51	Philip F. Kohler, south side Old Bowery Bay road, between Maple and Glenworth ave.....	.....	.....	.....	1	1
51	Joseph Schivak, Hotel No. 12, Silver Spring Grove.....	.....	.....	.....	.....	.....
51	William E. Goetters, W. S. Maple ave. opposite Boulevard.....	.....	.....	.....	.....	.....
51	John Newstadt, N. E. corner Bay View and Jackson aves.....	2	2	2	.....	.....
51	Henry Saul, W. S. Maple ave. south of Old Bowery Bay road.....	4	3	3	.....	.....
51	John W. Johelka, S. S. of Trans-Meadow road, east of Jackson ave.....	.....	.....	.....	.....	.....
51	Philip G. Rich, 40 Clifton ave.....	5	2	2	.....	.....
51	Albert Waegall, Bay View ave., between Gordon st. and Jackson boulevard.....	1	1	1	.....	.....
51	Anna Lennertz, Hotel No. 27, E. S. of Ehret ave.....	.....	.....	.....	.....	.....

51	Louis Epp, W. S. Maple ave., north of Jackson Boulevard.....	3	2	2	2	.....
51	Mary Dauphin, E. S. Boulevard, near Koevenhoeen lane.....	2	2	2	2	.....
51	Valentine Hemmer, W. S. Glenworth ave., between Old Bowery Bay road and Jackson boulevard.....	1	1	1	1	.....
51	August Eberhardt,, N. W. corner Jackson ave. and Sixth st., Woodside.....	3	1	1	1	.....
51	Richard Donovan, E. S. Bowery Bay road, north of Jackson ave., Woodside.....	18	4	4	4	.....
51	Rosa Collins, N. E. corner Jackson ave. and Old Bowery Bay road, Woodside..	15	7	7	7	.....
51	Emil Anderson, S. S. Old Bowery Bay road, east of boulevard.....	1	1	1	1	.....
51	Fanny Frankel, E. S. Clifton ave., south of Old Bowery Bay road.....	1	1	1	1	.....
51	William Fuhrer, Jackson ave., near Trans-Meadow road, Newtown.....	6	2	2	2	.....
51	Esther Skevake, Hotel No. 32, Sanford Park Hotel.....	.....	.....	.....	.....	.....
51	Joseph Glucksmann, S. S. Jackson ave., between Flushing ave. and Old Jackson Mill road.....	1	1	1	1	.....
51	Frank Blattstein, N. E. cor. Junction and Jackson ave., Corona.....	1	1	1	1	.....
51	Edward S. Upson, west side Maple ave., north of Jackson Boulevard.....	1	1	1	1	.....
53	James F. O'Brien, west side Broadway, 30 feet north of Maurice ave.....	5	5	5	5	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.
First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
54	Adam Wetzel, southwest corner National ave. and Turnpike road, Corona.....	1	1	1	.....	.....
55	Emil Gilasser, northeast corner Junction ave. and Main st., Corona.....	2	.....	.....	.....	.....
55	William S. Sands, Jackson ave. and Flushing Bridge.....	1	1	1	.....	.....
56	Charles Schneller, south side Broadway, between Hoffman Boulevard and Court st., Newtown.....	4	4	4	.....	.....
56	Alvin Neiths, north of Vermont st., Newtown.....	1	.....	.....	.....	.....
56	August J. Bruhn, north side Grand st., east of Bock ave., Newtown.....	1	.....	.....	.....	.....
56	Catherine Oppen, west side Hoffman Boulevard, corner Lifferts ave., Newtown.....	7	.....	.....	.....	.....
57	Anton Kasylnski, southeast corner Grand View ave. and Grand st., Elmhurst.....	2	1	1	.....	.....
57	Paul Ahrens, north of Lexington ave., Maspeth.....	4	4	4	.....	.....

57	Charles Bohnhoff, southeast side of Fisk ave., near Linden st., Maspeth.....	5	3	3	.....	.....
59	Magdalena Arnold, north side Tompkins ave., between Boroughs and Hyatt aves., Winfield.....	1	.....	.....	.....	.....
59	John D. Engelken, southwest corner Mar- rice and Elinenier aves., Winfield.....	1	.....	.....	.....	.....
60	Charles Fahlbusch, Jr., south side Grand St., near Columbia ave., Maspeth.....	8	5	1	.....	.....
60	Martha Kuhner, southwest corner Grand st. and Juniper ave., Maspeth.....	6	5	4	.....	.....
60	Fred W. Schmidt, northwest corner Grand st. and Fisk ave., Maspeth.....	3	3	3	.....	.....
60	John Fitz, south side Elm st., north of Summit place, Maspeth.....	2	2	2	.....	.....
60	Rosa Disch, southeast corner Johnson and Juniper ave., Maspeth.....	2	.....	.....	.....	.....
61	Marie Feldmann, Garrison st., E. S. L. I. R. R. crossing, East Williamsburgh.....	.....	.....	.....	.....	.....
61	Charles Bonin, northwest corner Clinton and Washington Place, Maspeth.....	7	4	4	.....	.....
Total.....		548	307	288	12	10

Second Assembly District.

1	Frank X. Duer, N. S. corner River st. and Bayside ave., Whitestone.....	1	.....	.....	.....	.....
1	Adam Knab, N. S. Nineteenth st., near Eleventh ave., Whitestone.....	8	4	4	.....	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
2	Allan Busch, 35 Eleventh ave., Whitestone	10	3	3	.....	.....
2	Henry Beckman, N. S. Seventeenth st., opposite Tenth ave., Whitestone.....	2	2	2	.....	.....
2	David S. Mold, East end Fourteenth st., Whitestone.....	.....	.....	.....	.....	.....
2	William C. Garrison, Bell ave. and Willard Point road, Bayside.....	1	1	1	.....	.....
3	Wm. Needham, N. W. corner Eighteenth st. and Fourth ave., College Point.....	2	2	.....	.....	.....
3	Elise Webber, N. W. corner Seventeenth st. and Fourth ave., College Point.....	20	7	7	1	1
3	John Fackelmann, 96 Fourth ave., College Point.....	2	1	1	.....	.....
4	Martin Grimm, S. W. corner Eleventh st. and Second ave., College Point.....	5	.....	.....	.....	.....
4	Frank Duer, Second ave., between Sixth and Seventh sts., College Point.....	7	4	4	.....	.....
4	Pauline Riesenberger, S. E. corner First ave. and First st., College Point.....	6	6	6	.....	.....
4	Charles A. Brimman, 135 Second ave., College Point.....	8	3	3	1	1

4	John M. Hughes, 114 Second ave., College Point.....	2		2	.....	.....
4	Abraham Green, 210 First ave., College Point.....	4		4	.....	.....
4	Theodore Witzel, N. E. corner Second ave. and Tenth st., College Point.....	2		2	.....	.....
4	Albert Mellendale, S. E. corner First ave. and Second st., College Point.....	1	.....	.....	.....	.....
4	Dora Gress, N. E. corner Third ave. and First st., College Point.....	8	4	4	.....	.....
4	Emil Witzel, Point View Island, College Point.....	1	.....	.....	.....	.....
4	Adam Hertenfelder, 174 Third ave., College Point.....	5	5	5	.....	.....
4	Joseph M. Donnelly, N. E. corner Sixteenth st. and First ave., College Point.....	4	4	4	.....	.....
4	John Ley, N. W. corner Tenth st. and Third ave., College Point.....	8	1	1	.....	.....
4	John Dorn, S. W. corner Eleventh st. and Third ave., College Point.....	4	3	3	.....	.....
4	John Jocker, First st., between Tenth and Thirteenth sts., College Point.....	7	4	4	.....	.....
5	Louis Dietz, 17 Thirteenth st., College Point.....	2	2	2	.....	.....
5	John Augenbronk, 53 Tenth st., College Point.....	4	2	2	.....	.....
5	Henry Schnell, 78 Congress st., Flushing.....	1	1	1	.....	.....
6	Elizabeth Morris, N. W. corner Broadway and Lawrence ave., Flushing.....	1	1	1	.....	.....
6	Herman Koster, 43 Broadway, Flushing.....	5	1	1	.....	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed. residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
6	John J. Brennan, 59 Broadway, Flushing..	1	1		1	
6	Annie Stapleton, 97 Lawrence st., Flushing	6	6		6	
6	John Thesfel, Jr., 118 Broadway, Flushing	3	3		3	
6	Piler & Schaffer, 84 Broadway, Flushing...	2				
7	Ann Denton, W. S. Range ave., Creedmore					
7	Albert Evans, W. S. Broadway, near Pine st., Douglaston.....					
7	Agnes Strumpler, Lalley road, 400 feet N. Stewart R. R., Creedmore.....	2	2		2	
7	Mary L. Hoagland, S. E. corner Broadway and Little Neck road, Little Neck...	1				
8	Jacob F. Harbeil, 14 Main st., Flushing....	3	2		1	
8	Anna Harrington, 92 Washington st., Flushing.....	6	6		6	
8	Joseph Wegmann, 26 Main st., Flushing....	10	9		9	
8	Antonio Battlio, 98 Washington st., Flushing.....	12	3		3	
10	Nicholas Gilroy, 85 Grove st., Flushing....	10	1		1	
11	Joseph Espenscheid, S. E. corner Queens and Maple sts., Flushing.....	8	2		2	
		2				

12	Fred. Egle, N. W. corner Broadway and Bell ave., Bayside.....	1	.....	.....	.....	.....	.....	.....	.....
12	Catherine M. Grenier, N. W. corner Eighth st. and Broadway, Bayside.....	1	1	.....	.....	.....	.....	.....	.....
12	Charles S. Clark, S. E. corner Bell and Long Island Railroad, Bayside.....	3	3	.....	.....	.....	.....	.....	.....
12	Charles Zischka, N. E. corner Fresh Meadow road and Newtown and Hempstead turnpike, Black Stump.....	1	1	.....	.....	.....	.....	.....	.....
12	Fred'k Witmeyer, N. E. corner Seventh st. and Broadway, Bayside.....	1	1	.....	.....	.....	.....	.....	1
12	Margaret Hepburn, N. E. corner North Hempstead road and Jackson st., Black Stump.....	1	.....	.....	.....	.....	.....	.....	.....
12	Hill & Steinbauer, foot Cockran ave. and fronting Little Neck Bay, Bay Side.....	3	1	.....	.....	.....	.....	.....	.....
12	Fred'k Snell, N. E. corner Broadway and Bell ave., Bay Side.....	1	1	.....	.....	.....	.....	.....	.....
13	Otto Mullenbrink, N. W. corner Thirteenth st. and Third ave., College Point.....	1	.....	.....	.....	.....	.....	.....	.....
13	John Froelich, N. W. corner Fifteenth st. and Fifth ave., College Point.....	5	3	.....	.....	.....	.....	.....	.....
13	Otto Roesch, N. W. corner Thirteenth st. and Fifth ave., College Point.....	2	2	.....	.....	.....	.....	.....	.....
14	Chas. Rieger, N. E. corner Broadway and Thirteenth st., Flushing.....	2	2	.....	.....	.....	.....	.....	.....
17	Nora Kenny, 93 Bradford ave., Flushing.....	1	1	.....	.....	.....	.....	.....	.....
20	Wm. F. Doyle, Junction Myrtle and Jamaica aves., Richmond Hill.....	6	6	.....	.....	.....	.....	.....	.....

QUEENS COUNTY—(Continued).
HOTEL VOTE.
Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
21	Philip Engeldrum, 502 Hillside ave., Jamaica.....	5	.....	.....	.....	.....
21	Max Altenkirch, Morningside Park, Hoffman boulevard, between Morningside and Hillside aves., Jamaica.....	1	1	1	.....	.....
21	John Distler, Jr., S. E. corner Fulton and Van Wyck ave., Jamaica.....	4	4	3	.....	.....
21	Henry Wulfarst, S. E. corner Hoffman boulevard and Hillside ave., Jamaica.....	2	.....	.....	.....	.....
22	Geo. Dorabek, N. W. corner Rockaway road and Liberty ave., Jamaica.....	2	1	1	.....	.....
22	Fred. Horlacker, S. E. corner Rockaway road and Liberty ave., Jamaica.....	1	1	1	1	1
22	Mary May, junction Rockaway road and Rockaway turnpike, Jamaica.....	3	1	1	.....	.....
22	Johnson Festerman, 71 Rockaway road, Jamaica.....	.....	.....	.....	.....	.....
23	Thomas Daly, 342 Fulton st., Jamaica.....	10	2	2	1	1
23	Henry J. Muller, 330 Fulton st., Jamaica...	4	3	2	.....	.....
23	Henry J. Lucas, 340 Fulton st., Jamaica...	2	2	2	.....	.....
23	Felix Gunther, N. W. corner Locust and New York aves., South Jamaica.....	12	4	4	.....	.....

24	Ferdinand Seckert, N. E. corner Fulton st. and Howard ave., Jamaica.....	2	.....	2	.....	2	.....
24	John Doscher, N. W. corner Fulton st. and Columbia ave.....	2	.....	2	.....	2	.....
24	Meta Tiedemann, S. W. corner Hillside and Columbia ave., Jamaica.....	1	.....	.....	.....	.....	.....
25	Chas. Schuessler, Merrick road, 400 feet south of Central ave., Jamaica.....	2	.....	1	.....	1	.....
25	Cook & Smith, N. E. corner New York and Locust aves., South Jamaica.....	3	.....	1	.....	1	.....
25	Adam Martin, 502 South st., Jamaica.....	2	.....	2	.....	2	.....
26	Geo. J. Gotze, N. S. Fulton st., opposite Sagamore ave., Hollis.....	.....	.....	.....	.....	.....	.....
26	Louis Fink, S. W. corner Fulton and Farmers aves., Hollis.....	7	.....	4	.....	4	.....
27	Frank Blake, N. E. corner Jericho turnpike and Madison ave.....	4	.....	2	.....	2	.....
27	Geo. Bark, S. E. cor. Fulton st. and First ave.	3	.....	3	.....	3	.....
27	Nicholas Krummacker, Jamaica and Hempstead turnpike, Queens.....	.....	.....	.....	.....	.....	.....
27	Jos. Junz, S. E. corner Sherwood and Queens boulevard.....	.....	.....	.....	.....	.....	.....
27	Chas. E. Fassbender, S. S. Hempstead turnpike, one mile from depot.....	9	.....	.....	.....	.....	.....
28	Julius F. Weigel, junction Merrick road, Locust ave., Springfield.....	1	.....	1	.....	1	.....
28	Jane Klein, S. W. corner Ocean ave. and Merrick road, Rosedale.....	1	.....	1	.....	1	.....
28	Katherine Pietz, Merrick road and Springfield ave., Springfield.....	1	.....	1	.....	1	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
29	Julius Westphal, St. Augustine st., 25 feet W. of Newton road, Maple Grove.....	2	.....	.....	.....	.....
29	Frederick A. L. Hillbrecht, N. E. corner Spruce st. and Jamaica ave., Richmond Hill.....	4	.....	.....	.....	.....
29	Geo. Eibert, N. E. corner Jamaica ave. and Willow st., Duntun.....	3	3	3	.....	.....
29	Thos. H. Schumacher, 3506 Jamaica ave., Richmond Hill.....	2	.....	.....	.....	.....
29	Ernest Weiden, E. S. Willow st., between Jamaica and Hollands aves., Duntun ..	.....	.....	.....	1	1
29	Chas. Karssinger, N. E. corner Sherman st. and Jamaica Plank road, Richmond Hill	3	2.	2	.....	.....
29	Daner Bros., S. W. corner Jamaica ave. and Ward st., Duntun.....	4	3	3	.....	.....
29	John Bachmann, S. W. corner Jamaica ave. and Vane st., Duntun.....	8	1	1	1	.....
30	Adolph Keppler, N. S. Thurston Creek, near Rocky road, Springfield.....	2	1	1	.....	.....
30	Jacob Schmidt, S. S. Rockaway turnpike, near Springfield road.....	2	1	1	.....	.....

30	Geo. F. Warner, W. S. trolley R. R. and Hook Creek, Springfield.....	3		2		1	.....
30	Bertram C. Smith, W. S. Rockaway turnpike, Hook Creek, Jamaica Bay.....	1		1		1	.....
30	Jefferson Purcell, S. S. New York ave., 1600 feet south of Locust st., Springfield	1		1		1	.....
31	Jacob Williams, S. W. corner Broadway and Van Wyck ave., Dunton.....	3		3		3	.....
32	B. Reinert, Twoomley Place, corner Church st., opposite L. I. R. R. Depot, Jamaica.	6		1		1	.....
32	Maggie E. Hunter, N. W. corner Flushing and Hillside aves.....	5	.....				.....
32	Chas. Koehler, 274 Fulton st.....	3	.....	3		2	.....
32	Chas. Richter, 322 Fulton st.....	4		4		4	.....
32	John P. Crawford, 345 Fulton st.....	1		1		1	.....
32	Wm. Goeller, 264 Fulton st.....	13		6		6	.....
33	Adolph Peiler, 482 Fulton st., Jamaica...	11		3		3	.....
33	Henry Bord, 453 Fulton st., Jamaica.....	1	.....				.....
34	John A. Gunther, N. W. corner Atlantic and Ocean aves., Woodhaven.....	4		1		1	.....
35	Louis Weis, N. W. corner Snedecker and Grand sts., Woodhaven.....	3		2		2	.....
35	Barbara Lebohmer, N. S. Jamaica ave., opposite Drew ave., Woodhaven.....	2		2		2	.....
35	John Leise, N. W. corner Shaw ave. and Seventh st., Woodhaven.....	2		2		2	.....
35	Barbara Lebohmer, N. S. Jamaica ave., opposite Drew ave. in Park.....		.....				.....
36	Annie Kurz, S. S. Jamaica ave., near Woodhaven, Woodhaven.....	1		1		1	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
37	Louise H. Freykrecht, N. W. corner Graf-ton ave., Woodhaven.....	2	2	2	.....	.....
37	Albert Cladel, 305 University Place, Wood-haven.....	3	.....	.....	.....	.....
37	Orthlich O'Neil, S. E. corner Atlantic and Rockaway road, Woodhaven.....	4	3	3	.....	.....
38	Glavbrook & Rust, N. S. Hawtree Creek, Rambleville.....	3	2	2	.....	.....
38	Francis Neil, Rambleville, Hawtree Creek, Jamaica Bay.....	2	2	2	.....	.....
39	George Stein, S. E. corner University and Clinton Place, Woodhaven.....	4	4	3	.....	.....
39	William McInerny, N. W. corner Broad-way and Ocean ave., Woodhaven.....	7	4	4	.....	.....
39	Frank Boulogne, S. W. corner University Place and Pieglow st.....	1	1	1	.....	.....
39	Celina Mettetal, N. W. corner Woodhaven ave. and Rockaway road.....	5	4	4	.....	.....
40	Merz Bros., S. W. corner Myrtle and Wash-ington aves., Richmond Hill.....	3	2	2	.....	.....

40	Oliver T. Wright, S. W. corner Jamaica and Greenwood aves., Richmond Hill.	4	4	4	4	.....
40	Anna Lieb, N. S. Fulton st., 50 feet E. of Lincoln ave., Jamaica.	2	.....	.....	.....	.....
41	Frank Williams, N. W. corner Wyckoff and Broadway, Woodhaven.	6	2	2	2	.....
42	John W. Dayton, N. E. corner Ocean and Liberty ave., Woodhaven.	1	1	1	1	.....
42	Claybrook & Rust, S. E. corner Old South road and Centreville ave. Aqueduct.	1	.....	.....	.....	.....
42	William Groly, E. S. Trestle Raunt Sta- tion, Jamaica Bay.	1	1	1	1	.....
42	Alfred Schoenberg, Shad Creek, Broad Channel, Jamaica Bay.	2	2	2	2	.....
42	Ammermann & Van Brunt, Broad Channel Jamaica Bay.	1	.....	.....	.....	.....
42	George Schwind, Raunt Station, Jamaica Bay.	2	1	1	1	.....
42	Elizabeth Hesbech, E. S. Trestle, Goose Creek, Jamaica Bay.	3	1	1	1	.....
42	Charles Fuller, E. S. Trestle, Broad Chan- nel, Jamaica Bay.	1	1	1	1	.....
42	W. F. Geitlinger, N. E. corner Old South Road and Ocean ave. Aqueduct.	3	2	2	2	.....
42	Louis C. Ott, Jr., N. S. L. I. R. R. and Broad Channel, Jamaica Bay.	2	1	1	1	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Second Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
42	John Patterson, W. S. Trestle, Goose Creek, Jamaica Bay.....	.....	.....	.....	.....	.....
42	William Dorman, E. S. Trestle, Broad Channel, Jamaica Bay.....	1	1	1	.....	.....
	Total.....	468	250	241	7	6

Third Assembly District.

1	Catherine Weissner, S. W. corner Boulevard and Remsen ave.....	.....	.....	.....	.....	.....
1	Louis Demmerle, W. S. Wainright Place...	3	2	2	.....	.....
1	Gus. A. Lotz, 527 Boulevard.....	.....	.....	.....	.....	.....
1	Charles A. Carrigan, N. E. corner Triton and Fifth aves.....	.....	.....	.....	.....	.....
1	Daniel A. Gacquin, 35 North Remsen ave.	2	2	2	.....	.....
1	David J. Felio, 6 South Remsen ave.....	2	1	1	.....	.....
1	Frank Bitz, south side Jamaica Bay.....	1	1	1	.....	.....
1	Foales & Pitts, southeast corner Centre and Remsen sts.....	.....	.....	.....	.....	.....
1	Flora Popper, 14 South Conway st.....	.....	.....	.....	.....	.....

1	Maggie M. Blum, west side Remsen ave.	2	1	1	1
1	Sarah Weiss, north side Ocean ave., near Conway st.	2	2	1	1
1	Richard D. Ford, east side of north end Remsen ave.	2	1	1	1
1	Henry G. Stolle, 10 South Remsen ave.	4	4	4	1
1	Warren Rheinehard, 124 Boulevard.	2	2	2	1
1	Wainright & Smith, east side Remsen ave.	2	2	2	1
1	Charles A. Schilling, southeast corner Ocean ave. and Henry st.	2	2	2	1
1	h side Boulevard and	2	2	2	1
1	Charles A. Schilling, northeast corner So. Henry st. and Ocean ave.	2	2	2	1
1	John Tiernan, 11 North Fifth ave.	3	3	3	1
1	Max Krueger, Thetus and Ocean ayes.	3	3	3	1
1	James J. McIntosh, corner Neptune and Ocean ayes.	3	3	3	1
1	Alice M. Hushion, 9 South Conway st.	1	1	1	1
1	J. Robert Engelrock, 11 South Fifth ave.	1	1	1	1
1	Robert Golden, southwest corner Neptune and Washington ayes.	9	5	4	1
1	Phoebe Seaman, south side Jamaica Bay.	3	3	3	1
1	Moses Felio, southwest corner Fifth and Washington ayes.	1	1	1	1
1	Nathan Taubenfeld, east side North Remsen ave.	1	1	1	1
1	Daniel Gallagher, south side Henry st.	1	1	1	1
1	Robert Stanley, north side Ocean ave.	1	1	1	1
1	John Simons, south side Jamaica Bay	1	1	1	1

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Third Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
1	Charles G. Richter, 146 Boulevard.....	3	3	3	.....	.....
1	Peter J. Fingerling, 138 Boulevard.....	5	3	3	.....	.....
1	Charles A. Schilling, 201 Boulevard.....	4	4	4	2	2
1	Frank J. Fingerlin, 338 Washington ave..	3	3	3	.....	.....
1	Samuel R. Meyer, north side Board Walk.	2	2	2	.....	.....
1	Elias Spierman, northeast corner Ocean ave.....	.....	.....	.....	.....	.....
1	William H. Smith, west side Remsen ave..	1	1	1	1	1
1	Annie Davis, S. E. corner North Henry st. and railroad.....	1	1	1	.....	.....
1	Charles J. Vollmer, S. S. Ocean ave.....	2	1	1	.....	.....
1	Joseph J. Shanley, S. W. corner North Remsen and Washington aves.....	.....	.....	.....	.....	.....
1	John J. Curley, corner Fifth and Triton aves.	1	1	1	.....	.....
1	Louise M. Schmidt, Boulevard and Oceanus ave.....	1	.....	.....	.....	.....
1	Emma F. Ward, N. E. corner Boulevard and Henry st.....	1	1	1	.....	.....
1	Ernie Wohlrah, S. E. corner Brandeth and Boulevard.....	1	.....	.....	.....	.....
1	Elizabeth A. Brennan, 184 Boulevard.....	6	6	6	.....	.....

1	Aug. Friedhoff, N. W. corner Henry st. and Boulevard.....	2	.....	2	.....	.....
1	Thomas J. Byrne, 32 North Remsen ave..	1	.....	1	.....	.....
1	Auguste Seidenberg, Ocean ave.....	1	.....	1	.....	.....
1	Mary A. Curtis, 16 Remsen ave.....	.....	.....	.....	.....	.....
1	Ernest Schaefer, S. S. of Boulevard.....	2	.....	2	.....	.....
1	Henry Ellmers, S. W. corner Conway and Washington aves.....	3	.....	3	.....	.....
1	Esther Samuels, 16 Pier ave.....	4	.....	3	.....	.....
1	Peter McEnaney, S. W. corner Boulevard and Henry st.....	1	.....	1	.....	.....
2	Lancaster Sea Beach Imp. Co., Edgemere.	.....	.....	.....	.....	.....
2	Ignatz H. Rosenfeld, W. S. Remington ave. and Boulevard.....	.....	.....	.....	.....	.....
2	James P. Kane, N. W. corner Bouker and Long Island Railroad.....	5	.....	.....	.....	.....
2	Waldman Hotel Co., W. S. Ammern ave., near Ocean ave.....	3	.....	3	.....	.....
2	Lederer and Winterfeld, S. E. corner Remington ave. and Boulevard.....	.....	.....	.....	.....	.....
2	Jacob B. Gross, E. S. Brandeth ave., near Ocean.....	.....	.....	.....	.....	.....
2	Max Levy, S. W. corner Boulevard and Second ave.....	1	.....	1	.....	.....
2	William F. Herberth, S. W. corner Franklin ave. and Boulevard.....	3	.....	1	.....	.....
2	Eugene K. Campbell, N. E. corner Carton ave. and Boulevard.....	.....	.....	.....	.....	.....
2	Lizzie Weisskopp, N. W. corner South Hollywood and Ocean ave.....	.....	.....	.....	.....	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Third Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
2	Max Appelbaum, N. E. corner Chase ave. and Ocean front.....	.....	.....	.....	.....	.....
2	Samuel Millholland, S. W. corner Ocean ave. and Centre st.....	.....	.....	.....	.....	.....
2	Henry F. V. Kiehn, N. E. corner Vernon ave. and Long Island Railroad.....	4	4	4	.....	.....
2	William E. Sandifar, Nudine Island, East of Long Island Railroad trestle.....	25	2	2	.....	.....
2	Robert Kreushcer, N. W. corner Boulevard and Park ave.....	1	1	1	.....	.....
2	Otto Emmerich, S. S. of Boulevard, North of Park ave.....	1	1	1	.....	.....
2	Antonio Yokel, 489 Boulevard.....	5	5	5	.....	.....
2	William H. Broderick, 484 Boulevard.....	5	3	3	.....	.....
2	Charles M. Miller, 41 Park avenue.....	1	1	1	.....	.....
2	George Rau, 461 Boulevard.....	4	3	3	.....	.....
2	John Wagner, S. S. of Fairview.....	.....	.....	.....	.....	.....
2	Abram Ferber, W. S. Division ave., near Surf.....	1	.....	.....	.....	.....
2	Margaretta Kilpe, Fort Pleasant and Long Island Railroad ave.....	1	1	1	.....	.....

2	Mary Rohde, N. S. of Ocean ave., near Hollywood.....	.....	.....	.....	.....
2	Michael McNeill, S. E. corner Chase ave. and Long Island Railroad tracks.....	3	3	.....	3
2	George L. Lambert, 353 Boulevard.....	3	.....	.....	.....
2	Herman Burger, corner Pleasant and Ocean aves.....	3	2	.....	2
2	John J. Tierney, N. Fairview and Railroad aves.....	.....	.....	.....	.....
2	Charles Kloppner, N. E. corner Boulevard and Kane ave.....	1	1	.....	1
2	Anton Pachinger, 460 Boulevard.....	5	.....	.....	.....
2	Fannie Kleinman, 42 South Dodge ave.....	.....	.....	.....	.....
2	Patrick Hurley, S. E. corner Division and Ocean aves.....	1	.....	.....	.....
2	George Balzer, foot of Hammil dock, Jamaica Bay.....	2	1	.....	1
2	Robert W. Boyd, N. S. Chase ave., opposite Railroad.....	5	2	.....	2
2	Barbara Gerry, S. E. corner Hammil and Railroad aves.....	5	5	.....	5
2	Emma Klapper, N. E. corner Boulevard and Lincoln ave.....	3	3	.....	3
3	Bridget Cline, S. W. corner Central and Clark aves., Far Rockaway.....	3	3	.....	3
3	Stephen Caslin, W. S. Broadway, near Cornage ave., Far Rockaway.....	5	2	.....	2
3	George A. Wellstead, W. S. Cornage ave., and Long Island R. R., Far Rockaway.....	1	.....	.....	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Third Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
3	Patrick J. McArdle, Broadway and South st., Far Rockaway.....	.....	.....	.....	.....	.....
3	James Caffrey, Outer Beach facing ocean....	.....	.....	.....	.....	.....
3	Charles Haffner, E. S. Greenwood ave., near Broadway, Far Rockaway.....	1	.....	.....	.....	.....
3	Dennis Hurley, S. S. Greenwood ave. near Broadway, Far Rockaway.....	4	3	3	.....	.....
3	John J. Bushel, W. S. Broadway near South st., Far Rockaway.....	3	2	2	.....	.....
3	Fred Henner, N. W. cor. Lockwood ave., near Broadway, Far Rockaway.....	1	.....	.....	.....	.....
3	Minnie Spillet, S. W. corner Broadway and Clark ave., Far Rockaway.....	2	2	2	1	1
3	Winfield S. Van Clief, E. S. Central ave., near Lockwood ave., Far Rockaway....	.....	.....	.....	.....	.....
3	Mary A. Burns N. E. cor. Lockwood and Greenwood aves., Far Rockaway.....	2	2	2	.....	.....
3	Edward Lober, S. E. corner Atlantic and Greenwood aves., Far Rockaway	2	.....	.....	.....	.....
4	John Lippert, Mott ave. near L. I. R. R. track, Far Rockaway.....	1	1	1	.....	.....

4	George Branz, N. S. Mott ave. and L. I. R. track, Far Rockaway.....	4	3	3	.....
5	Amilia Gross, 27 So. Holland ave., Far Rockaway.....	.....	.....	.....	.....
5	Leo McCarthy, N. S. Oceanus ave. and Ocean, Far Rockaway.....	5	2	2	.....
5	Charles F. Smith, E. S. Oceanus ave., near Ocean, Rockaway.....	1	.....	.....	.....
5	Grace Allen, W. End Tilyou's Board Walk, near Hollywood ave., Rockaway.....	.....	.....	.....	.....
5	Mary J. Mulheard, S. W. corner Thompson ave. and Boulevard, Rockaway..	6	4	1	.....
5	Sophie Hertel, 86 Boulevard, Rockaway..	2	.....	.....	.....
5	Philip Fetzer, 14 N. Bayview ave., Rockaway.....	4	4	4	.....
5	Thomas J. Welpy, N. E. corner Boulevard and Bayview ave., Rockaway....	3	3	3	.....
5	Frederick Aelt, foot Holland's Dock, Jamaica Bay, Rockaway.....	2	.....	.....	.....
5	Nicolaus Krauss, N. E. corner Boulevard and Eldert ave., Rockaway.....	3	3	3	.....
5	William Croello, N. W. corner R. R. and Eldert ave., Rockaway.....	1	1	1	.....
5	Joseph Rogers, N. W. corner Eldert ave. and Boulevard, Rockaway.....	4	4	4	.....
5	George Lawrence, N. W. corner Hammil ave. and R. R. track, Rockaway.....	3	3	3	.....
5	Philip Stancom, S. E. corner Boulevard and Thompson ave., Rockaway.....	.....	.....	.....	.....

QUEENS COUNTY—(Continued).

HOTEL VOTE.

Third Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
5	Thomas H. Smith, S. E. corner Holland ave. and R. R., Rockaway.	1	1	1	.....	.....
5	Luke Eldert, 95 N. Eldert ave., Rockaway	.....	.....	.....	.....	.....
5	Arthur A. Kohle, S. E. corner Oceanus and Ocean aves., Rockaway.	.....	.....	.....	.....	.....
5	Henry Adams, N. E. corner Holland ave. and Ocean Front, Rockaway.	.....	.....	.....	.....	.....
5	Charles Deyhle, E. S. Grove ave. near Boulevard, Rockaway.	2	2	2	.....	.....
5	William Lochmuller, N. W. corner Central and Cornage aves., Far Rockaway.	3	3	3	.....	.....
6	James McCollum, E. S. Central ave., near Cornage ave., Far Rockaway.	4	4	4	1	.....
6	William Cameron, W. S. Central ave. near John st., Far Rockaway.	.....	.....	.....	.....	.....
6	George Abrams, 2 Mott ave., Far Rockaway.	3	3	3	.....	.....
6	Ernestine Jenny, W. S. Central ave., near Mott ave., Far Rockaway.	5	5	5	.....	.....

6	William Hammond, N. E. corner Cornage ave. and White st., Far Rockaway.....	4	4	4	.....	.....
6	John J. Byrne, S. W. cor. Mott ave. and White st., Far Rockaway.....	1	1	1	.....	.....
6	Robert S. Smith, N. E. corner Carnega ave. and White st., Far Rockaway.....	7	7	7	.....	.....
Total.....		265	180	174	5	4

RICHMOND COUNTY.

HOTEL VOTE.

First Assembly District.

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
1	William Wheeler, N. E. corner Jay and South sts.....	5	5	5	2	2
1	John W. Tilley, Jay and South sts.....	6	6	6	2	2
1	Louis Hugot, N. E. corner DeKalb and Jay sts.....	4	3	3	.....	.....
1	Chauncey D. Allen, N. S. St. Marks place, corner Nicholas.....	3	2	2	1	1
1	William Rohep, 52 Arrietta st.....	11	3	3	.....	.....
1	Alex. B. Powell, 3 Jay st., Richmond.....	4	3	3	.....	.....
1	Robert Kienzle, N. W. corner Richmond Turnpike and Cebra ave.....	3	2	2	.....	.....
1	Charles Dowies, Richmond turnpike, New Brighton.....	3	3	3	1	1
1	Julius Ruisch, Silver Lake Park, New Brighton.....	2	2	2	.....	.....
1	Jacob Kettner, W. S. Richmond turnpike, opposite Woodlawn cemetery.....	1	1	1	.....	.....
1	Edward Rencher, S. E. corner Jersey st. and Richmond Terrace.....	1	.....	.....	.....	.....
2	Aline Stuhl, 30 Richmond turnpike, Tompkinsville and New Brighton.....	4	2	2	3	3

6	Otto Kreamer, southeast corner Lafayette ave. and Second st., New Brighton.....	7	3	3	.....
6	Margaret Mears, south side Richmond Ter- race, between Clinton and Tyson, New Brighton.....	5	4	4	.....
7	Hot & Kramer (The Cave), Richmond Terrace, New Brighton.....	2	2	2	.....
7	Margaret Kesler, corner Richmond Ter- race and Burgher ave.....	3	3	3	.....
7	Jacob C. Fruchon, 210 Richmond Terrace, West New Brighton.....	.....	.....	.....	.....
7	Katharine F. Ruyck, 234 Richmond Ter- race, West Brighton.....	1	1	1	.....
9	..... Richmond st., West New Brighton.....	12	7	3	.....
9	90 Richmond Terrace, West New Brighton.....	15	7	5	.....
10	Otto Scheninger, southwest corner Broad- way and Cary ave., West New Brighton.	4	3	3	.....
10	Anna Krohn, northwest corner Broadway and Brook ave., West New Brighton.....	1	1	1	.....
10	William B. Dowling, 91 Columbia st., West New Brighton.....	1	1	1	.....
11	James Shehan, 61 Richmond Terrace, Port Richmond.....	2	.....	.....	.....
11	Aug. Patterson, southeast corner Jewett ave., Richmond Terrace.....	3	.....	.....	.....
11	John Gallagher, 56 Columbia st., West New Brighton.....	5	3	3	.....

RICHMOND COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
11	Mary Lanigan, 40 Richmond Terrace, Port Pt. Richmond.....	8	.....	.....	.....	.....
13	August Meese, 399 Richmond Terrace, Pt. Richmond	8	.....	.....	2	2
14	Oscar Benz, 215 Bay st., Stapleton.....	3	3	3	1	1
14	Paul Stolpe, Jr., 178 Bay st., Stapleton...	5	3	3	1	1
14	Marcel Meyer, 119 Bay st., Stapleton.....	6	3	3	.....	.....
14	John D. Gillis, 204 Bay st., Stapleton.....	3	2	2	.....	.....
14	James Cooper, 12 Water st., Stapleton.....	7	4	4	1	1
14	William Winter, 14 Water st., Stapleton ..	2	2	2	.....	.....
15	William Probst, 136 Canal st., Stapleton...	1	.....	.....	.....	.....
15	Charles Filton, 240 Bay st., Stapleton.....	.....	.....	.....	.....	.....
15	Adam Voltz, 61 Canal st., Stapleton.....	5	4	4	.....	.....
15	Henry Sutherland, 13 Canal st., Stapleton.	8	3	3	.....	.....
15	Fred Eberspaehal, 272 Bay st., Stapleton.	1	1	1	.....	.....
16	Joseph Nickel, 144 Canal st., Stapleton...	5	3	3	.....	.....
17	Max Haas, 93 Broad st., Stapleton.....	7	3	3	1	1
18	Henry O'Rourke, 365 Richmond road, Stapleton.....	2	2	2	.....	.....
19	Frederick W. Ott, west side Richmond road, Stapleton.....	2	.....	.....	.....	.....

19	Charles Schenck, 364 Richmond road, Stapleton.....	3	.....	.....	.....	.....
20	Guiseppe Pozzo, southwest corner Richmond Turnpike and Bradley ave.....	1	.....	.....	.....	.....
20	Brewery Hotel, W. Manor road, Castleton Corners.....	1	1	.....	.....	.....
20	Caroline Geldner, northwest corner Union place and Richmond road, New Dorp..	2	2	2	.....	.....
20	Freckenhauser & Winnie, southeast corner Manor road and Richmond turnpike,					
	Castleton Corners.....	2	2	2	.....	.....
21	Henry Kayser, 40 Bay st., Tompkinsville,	1	1	1	.....	.....
21	Rendt & O'Brien, 10 Bay st., Tompkinsville.....	8	7	7	.....	.....
24	John Derlin, 11 John street, Port Richmond.....	3	2	2	.....	.....
24	Edward Griffen, southwest corner Richmond Terrace and Granite ave., Port Richmond.....	3	1	1	.....	.....
25	Joseph Bartolini, 438 Richmond Terrace, Port Richmond.....	3	1	1	.....	.....
25	Michael E. Hendrickson, east side Union ave.....	1	1	1	.....	.....
25	Peter Connor, 75 Van Pelt ave., Port Richmond.....	12	3	3	.....	.....
25	F. Mehlmann & Thoma, 657 Richmond Terrace.....	2	2	2	.....	.....
25	T. D. Nolan, 556 Richmond Terrace.....	2	2	2	.....	.....
25	F. Burge, 44 Simonson, Port Richmond...	3	3	3	1	1

RICHMOND COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
25	Donatz A. Lambert, 10 Union ave., Port Richmond.....	1	1	1	.....	.....
26	Owen McFarland, southwest cor. Arlington ave., and Richmond Terrace.....	.....	.....	.....	.....	.....
26	William H. Carey, southeast corner Richmond Terrace and Mariner's Harbor.....	3	.....	.....	.....	.....
26	Chester L. Ketcham, 727 Richmond Terrace.....	2	.....	.....	.....	.....
26	Burghard Weiss, 666 Richmond terrace....	5	.....	.....	.....	.....
28	Luigi Larocca, southeast corner Butcher-ville road and Richmond road, Granite-ville.....	1	1	1	.....	.....
28	George A. Kern, junction Morningside road and Richmond ave., Graniteville....	2	1	1	.....	.....
28	Abeline Dammer, northwest corner Richmond ave., and Richmond turnpike, Bull's Head.....	1	1	1	.....	.....
28	Carrie M. Wedemeyer, Church st., corner Creek.....	2	1	1	.....	.....
28	Louis Klinksieck, southeast corner Richmond road and Richmond ave., Bull's Head.....	1	.....	.....	.....	.....

29	Joseph Betterli, 90 Jewett st., West New Brighton.....	1	.....	.....	.....	.....	.....	.....	.....
29	Thomas F. Murphy, 14 Richmond Terrace, Port Richmond.....	1	.....	1	.....	.....	.....	.....	.....
29	Fred Enders, Jr., 11 Richmond Terrace, Port Richmond.....	3	.....	3	.....	.....	.....	.....	.....
30	Louis C. Uhl, 7 Richmond Terrace, Port Richmond.....	3	.....	2	.....	.....	.....	.....	.....
30	Joseph Dickescheid, 114 Richmond Terrace Port Richmond.....	2	.....	1	.....	.....	.....	.....	.....
30	Louis J. Danner, 113 Richmond Terrace, Port Richmond.....	4	.....	4	.....	3	.....	1	.....
30	Charles Simpson, 14 Broadway, Port Richmond.....	8	.....	4	.....	4	.....	.....	.....
30	Christian Seeman, 105 Richmond ave., Port Richmond.....	1	.....	1	.....	1	.....	4	.....
31	Joseph Leon, 17 Broadway, Port Richmond	5	.....	.....	.....	.....	.....	.....	.....
32	George Witchen, 220 New York ave.....	1	.....	1	.....	1	.....	.....	.....
32	Jules Schroeder, 174 New York ave.....	1	.....	.....	.....	.....	.....	1	.....
32	Fritz Mache, 217 New York ave.....	4	.....	2	.....	2	.....	.....	.....
33	Louis Ritterhoff, 342 Bay st., Clifton.....	6	.....	4	.....	4	.....	.....	.....
33	Jeremiah O'Leary, 236 Bay st., Stapleton.	2	.....	2	.....	2	.....	.....	.....
33	Adam Karthaenser, 21 New York ave., Rosebank.....	8	.....	2	.....	2	.....	.....	.....
33	John Ensher & Son, southeast corner Forest st., and Willow ave., Rosebank..	4	.....	2	.....	2	.....	.....	.....
33	Otto Siegert, 68 New York ave., Clifton..	1	.....	1	.....	1	.....	.....	.....
33	Gustav Sulzer, 44 New York ave., Rosebank.....	5	.....	1	.....	1	.....	.....	.....

RICHMOND COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residences.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
34	Charles Miller, southeast corner Richmond road and Oak st., Concord.....	3	.....	.....	.....	.....
34	William Curry, corner DeKalb and Richmond road, Concord, Edgewater.....	.....	.....	.....	.....	.....
34	George F. Conelley, Robin Hood Hotel, Richmond road.....	1	1	1	1	1
34	Charles Christ, Clove ave., and First and Second place, Grassmere, Edgewater.....	1	1	1	.....	.....
34	Anna Huthoff, 447 Richmond road, Concord, Edgewater.....	4	2	2	.....	.....
34	Martin Muller, Concord Assembly Rooms, northwest corner Steuben and Main.....	3	3	3	.....	.....
35	Jacob Sauer, North side Grove ave., New Dorp Beach, New Dorp.....	1	.....	.....	.....	.....
35	Augusta Greenvaldt, southwest corner Centre st., and Amboy road, Oakwood Park.....	1	1	.....	.....	.....
35	Rudolph Prell, Marine Way, New Dorp.....	2	1	1	.....	.....
35	Patrick Curry, northwest corner Amboy and Richmond roads, New Dorp.....	3	3	3	.....	.....

35	Zenaïd C. Cox, north side Amboy road and East Gifford's lane.....	1	.....	1	.....	.....	.....
35	Felix Boehm, New Dorp Beach, New Dorp	1	.....	1	.....	.....	.....
35	Julius Dobler, southeast corner Centre st. and Clark ave., Richmond.....	2	.....	1	.....	.....	.....
35	Edward Hitt, New Dorp Beach, New Dorp	.....	.....	1	.....	.....	.....
36	Gertrude M. Predi, Miller's Hotel, South Beach.....	1	.....	1	.....	.....	.....
36	Louis Iselin, Linden Park, Garrettsen.....	1	.....	1	.....	.....	.....
36	William Nunley, Casino Hotel, South Beach.....	2	.....	2	.....	.....	.....
36	Adolf Eberle, Speedway Inn, Grant City..	1	.....	1	.....	.....	.....
36	Peter J. Crane, Sea View Home, South Beach.....	3	.....	3	.....	.....	.....
36	Jacques Castel, Lincoln ave., Grant City..	1	.....	.....	.....	.....	.....
36	Richard Smith, Richmond road, Grant City	1	.....	.....	.....	.....	.....
36	Charles Walch, Hotel Waldorf, So. Beach	1	.....	1	.....	.....	.....
36	Henry Engehamer, River View Hotel, South Beach.....	5	.....	3	.....	.....	.....
36	Mary A. Caryon, Lincoln ave., Grant City	1	.....	1	.....	.....	.....
36	Eugenia Besse, Belvidere House, South Beach.....	1	.....	1	.....	.....	.....
36	Henry Schenkel, Parkinson ave., Grassmere.....	1	.....	1	.....	.....	.....
36	Frederick Lincke, Woodland Beach, Grant City.....	.....	.....	.....	.....	.....	.....
36	Charles F. Kranisch, Mildand Beach.....	.....	.....	.....	.....	.....	.....
36	Herman Sterberg, Ocean ave.....	3	.....	2	.....	.....	.....
36	Gerson Selkowitz, Alhambra Hotel.....	1	.....	1	.....	.....	.....
36	Jacob Warshauer, Peerless Hotel.....	1	.....	1	.....	.....	.....

RICHMOND COUNTY—(Continued)

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
36	Charles F. Krannish, Midland Beach Casino	.....	.....	.....	.....	.....
36	Marie Wilson, north side New Dorp Lane	2	2	2	.....	.....
36	Augustus L. Bean, Manhattan Hotel, South Beach.....	.....	.....	.....	.....	.....
36	Hugo Bini, Glenwood Hotel.....	.....	.....	.....	.....	.....
36	Chris. Worthmiller, southeast corner Richmond and Washington roads.....	1	1	1	.....	.....
36	Edmund Hett, New Dorp Beach.....	.....	.....	.....	.....	.....
36	August Kron, Surf House, South Beach.....	1	1	1	.....	.....
36	Edward McVey, Pleasant View, South Beach.....	3	2	2	.....	.....
36	John D. Gillis, Phoenix Hotel, New Dorp.....	5	5	5	.....	.....
36	John L. Wenzel, Richmond road and Liberty ave., Garrettsen.....	2	2	2	.....	.....
36	Thomas E. Cable, Jr., Midland Beach.....	.....	.....	.....	.....	.....
36	Pietro Rigalo, Patterson st. and Richmond ave., Edgewater.....	1	1	1	.....	.....
37	James J. Curran, 59 Cliff st.....	2	2	2	.....	.....
37	Harry Freimann, northeast corner Cliff st. and New York ave.....	4	2	2	.....	.....
37	Rene Dupe, Cliff Cottage Hotel.....	2	1	1	.....	.....

37	Manuel Hermida, 65 Cliff st.	1	.....	.....	.....	.....	.....
37	Emil Manzel, 90 Fingerboard road, Ft. Wadsworth	4	.....	3	.....	.....	.....
38	William J. Penton, northwest corner Amboy road and Station ave., Pleasant Plains	1	.....	1	.....	.....	.....
38	Anna Witte, Princess Bay ave., Princess Bay	.....	.....	.....	.....	.....	.....
38	Henrietta Peters, south side Amboy road, near railroad station, Pleasant Plains	.....	.....	.....	.....	.....	.....
38	Anna Thater Shore road, near Wolfer's Bay	1	.....	1	.....	.....	.....
38	Ft. Princess Bay ave.	2	.....	2	.....	.....	.....
38	Princess Bay	1	.....	1	.....	.....	.....
38	Job Carl, Amboy road, Pleasant Plains	5	.....	.....	.....	.....	.....
38	Harriet M. Newman, corner Maple ave. and Fourth st., Huguenot Park	.....	.....	.....	.....	.....	.....
38	John Moeller, north side Amboy ave., between Huguenot ave. and Rossville road	.....	.....	.....	.....	.....	.....
38	Carl Ohlroggo, Ft. Princess Bay road, west side Princess Bay	2	.....	1	.....	.....	.....
38	Stephen H. Slover, Amboy road and Pleasant Plains	3	.....	3	.....	.....	.....
39	Florent Huggelaert, Rossville ave., between Glynn and Washington sts.	1	.....	.....	.....	.....	.....
39	William M. Flick, southwest corner Rossville and Glen sts., Rossville	3	.....	2	.....	.....	.....
39	Michael E. O'Neill, north side shore road, near New York ave., Rossville	2	.....	1	.....	.....	.....

RICHMOND COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
39	Frank Engert, south side Freshkill Avenue road near Rossville ave.....	2	2	2	.....	.....
39	Henry Theis, Shore road, Rossville.....	4	.....	.....	.....	.....
40	Gustave Bohman, north side Seaside ave., near Amboy road.....	.....	.....	.....	.....	.....
40	John A. Beasley, Huguenot Beach.....	4	2	2	.....	.....
40	Caspar Mullen, south side Railroad ave....	5	2	2	.....	.....
40	James Collins, Ft. Nelson ave.....	4	.....	.....	.....	.....
40	George W. Doty, northwest corner Amboy road.....	3	1	1	.....	.....
40	John Kattermeier, southwest corner Huguenot ave., and railroad track.....	4	4	4	.....	.....
40	Frederick Bamberger, Pine Grove Park....	.....	.....	.....	.....	.....
40	Daniel Geil, south side Freshkill road.....	2	2	2	.....	.....
40	George Geller, Harrison ave., Annadale....	2	1	1	.....	.....
40	Henry Ohlrogge, northeast corner Amboy road and Broadway.....	2	2	2	.....	.....
40	Joseph McCann, S. S. Freshkill road.....	2	.....	.....	.....	.....
40	Emil Fischer, S. W. corner Annadale and Forest Kill road	1	.....	.....	.....	.....

40	Joseph A. Gillies, Great Kills Hotel, foot Nelson ave.	2	.....	.....	.....
40	Louise Stucker, N. W. corner Amboy road and Annadale road	3	1	.....	.....
41	Catherine Sweeney, W. S. Amboy road near R. R. track, Pleasant Plains	.....	.....	.....	.....
41	Vincenz Eith, N. W. Side Riverside ave., near Mill road, Kreischerville	1	1	.....	.....
41	..... Hammer Riverside Hotel, Fresh-	.....	.....	.....	.....
41	Christopher U. Ganney, N. S. Mill road, opposite R. R. station, Richmond Valley	1	1	.....	.....
41	Theodore Killmeyer, N. E. corner Sharrett and Shore road, Kreischerville	1	1	.....	.....
41	Charles Stark, foot Beach ave., Richmond Valley	1	1	.....	.....
41	Michael J. Morrissey, S. W. corner Androvetta st. and Riverside ave., Kreischerville	3	2	.....	.....
41	Charles H. Nielson, Nielson's Hotel, Kreischerville	3	3	.....	.....
42	Louis A. Keifer, 274 Broadway, Tottenville	6	1	1	1
42	Rudolph Hoehn, 307 Amboy ave., Tottenville	1	1	.....	.....
42	William Warmland, Surf ave., foot of bay, Tottenville	2	1	.....	.....
43	Loren W. Brodensen, Burtley st	8	.....	.....	.....

RICHMOND COUNTY—(Continued).

HOTEL VOTE.

First Assembly District—(Continued).

Election district.	NAME AND ADDRESS.	Number claimed residence.	Number registered.	Number voted.	Number registered not on report.	Number voted not on report.
43	Frank W. Bloome, 26 Main street.....	1	1	1	1	1
43	John J. Healey, 6 Main st.....	3	3	3	1	1
43	William M. Carpenter, 36 Main st.....	2	2	2	.....	.....
43	John Boss, 17 Main st.....	4	4	4	.....	.....
43	Benjamin E. Streeter, N. W. corner R. R. ave. and Main st.....	3	2	2	.....	.....
	Total.....	481	272	264	26	26

FIFTH ANNUAL REPORT

OF THE

NEW YORK STATE REFORMATORY

FOR WOMEN

, AT BEDFORD

FOR THE YEAR ENDING SEPTEMBER 30, 1906.

BOARD OF MANAGERS.

JAMES WOOD, *President*.....Mt. Kisco, N. Y.
CHARLES H. TURNER.....Albany, N. Y.
DR. H. E. SCHMID.....White Plains, N. Y.
JOSEPH BARRETT.....Katonah, N. Y.
MRS. HENRY MARQUAND.....Bedford, N. Y.
MRS. HENRY P. GRIFFIN.....White Plains, N. Y.

OFFICERS OF THE BOARD.

JAMES WOOD.....*President*
MRS. HENRY MARQUAND.....*Secretary*
JOSEPH BARRETT.....*Treasurer*

SUPERINTENDENT.

KATHARINE BEMENT DAVIS, Ph. D.

EXECUTIVE STAFF.

MAYE B. RUDGERS.....*Assistant Superintendent*
SUSAN A. ELLISON.....*Marshal*
MARY A. FARLEY.....*Steward*
MARGARET S. HALLECK.....*Physician*
HADLEY W. MCCROSSEN.....*Chief Engineer*

STATE OF NEW YORK.

No. 27.

IN ASSEMBLY,

JANUARY 29, 1906.

FIFTH ANNUAL REPORT

OF THE

NEW YORK STATE REFORMATORY FOR WOMEN

AT BEDFORD, N. Y.

FOR THE YEAR ENDING SEPTEMBER 30, 1905

REPORT OF THE BOARD OF MANAGERS.

To the Legislature of New York State:

The membership of the Board of Managers remains the same as at the date of our last annual report. Regular meetings of the Board have been held on the second Friday of each month with a quorum present.

The report of the Superintendent, which accompanies this, gives complete information in regard to the inmates. The report of the physician is also sent herewith.

EXPENDITURES.

The total cash expenditure for maintenance for the year was \$51,099.98.

The average weekly expense for each inmate was \$4.32.

The detailed account of expenses for maintenance and for Special Fund disbursements will be found in the report of the Treasurer.

MOVEMENT OF POPULATION.

Population September 30, 1904:

Women	218
Infants	5
Total.....	<u>223</u>

Committed September 30, 1904, to September

30, 1905	95
Returned for violation of parole.....	15
Returned to await another position.....	7
Returned from hospital.....	1
Infants born.....	4
Total.....	<u>345</u>

Paroled September, 1904, but left in institution

after September 30..... 3

Paroled September 30, 1904, to September 30, 1905 .. 68

Placed girls who had returned to await for another position 4

Discharged on expiration of sentence:

Returned for violation of parole..... 11

Returned to await positions..... 2

Remained in institution during entire term.. 19

Replaced in positions.....	4	
Transferred to Matteawan State Hospital for Criminal Insane	3	
Returned to court on account of defective com- mitment papers	1	
Discharged on writs.....	5	
Discharged on appeal.....	1	
Infants gone out with mother.....	3	
Infants died	2	
	<hr/>	
Total	122	
Deduct three unplaced and one repetition.....	4	
	<hr/>	118
In institutions September 30, 1905:		
Women	223	
Infants.	4	
	<hr/>	227
		<hr/>
		345
		<hr/>
Highest number any one day.....	237	
Lowest number any one day.....	219	
Average for fiscal year.....	226.5369	
	<hr/>	
Distribution of population September 30, 1905:		
Gibbons cottage	27	
Huntington cottage	26	
Sanford cottage (four infants).....	31	
Lowell cottage.....	26	
Hospital	1	
Disciplinary building	1	
Reception house.....	115	
	<hr/>	

The number in the reception house is more than the building can properly accommodate. It is still necessary to put two girls in each room on two of the corridors, an officer being always on duty in the corridor. We hope that before the date of the next report the two new cottages recently begun will be finished, when promotion from the reception house will again be possible.

OFFICERS.

The changes in our staff of officers during the past year have been fewer than in any previous year. The superintendent and the executive staff remain the same. One change has occurred in the office force. The stenographer resigned in the middle of the year to accept a more remunerative position.

There have been no changes among the school or industrial teachers. The officers in charge of the cottages, the matron and first assistant at the reception house remain the same.

The hospital matron, two night watches, and four assistant matrons at the reception house have been the only changes among the other women officers. One fireman and one guard have been changed. The assistant engineer, who had been with us three years, resigned to accept a position as chief engineer in another institution. We experienced great difficulty in filling his position, owing to the small salary in proportion to the responsibility of the work and the high price of board in the neighborhood. We offered the place to twenty-four men on the civil service list. The twenty-fifth accepted and is proving very satisfactory.

Four new officers have been added to our staff during the year. November first the teacher referred to in our last report began her duties. This gives us three school teachers. January first we were permitted to employ an additional assistant matron in

the reception house as a supply officer. With the large number of inmates in this house and the consequent "doubling up" it had become difficult to allow the officers their necessary time off duty, provide for the regular vacations, and at the same time maintain the necessary supervision. On the opening of the disciplinary building June first, it became necessary to employ an additional assistant matron to take charge of it.

Up to the first of March Mrs. Josephine Shaw Lowell continued to furnish the funds necessary to employ an assistant to take charge of the girls in the lowest grade in their out-of-door work. Since March first this officer has been paid by the State.

The managers applied to the Salaries Classification Commission at its recent meeting to make the following changes in salaries in this institution: 1st, That the salaries of the engineer's department, and that of the chief engineer in particular, be increased to correspond with those paid for similar service in other State institutions. 2d, That the salaries of assistant matrons in cottages be increased to \$30 per month after six months satisfactory service, and to \$35 per month after two years. 3rd, That the salary of the head matron of the reception house, now \$60 per month, be increased at the rate of \$5 per month for each year until a maximum of \$75 per month is reached. 4th, That the salary of the teacher of domestic science be placed at \$40 per month for the first year, \$45 for the second year and \$50 thereafter as a maximum. 5th, That the wages of the male employees, other than the engineer force, be increased \$5 per month each, the price now paid being less than that paid in this neighborhood for similar work.

The managers are unanimously of the opinion that the changes suggested will lead to more continuous employment of desirable officers and more efficient service.

LEGISLATION.

Aside from the appropriation bills only one bill affecting our institution was passed during the last session of the Legislature. This was the bill amending the charter of Greater New York in order to permit city magistrates to make commitments to Bedford. This bill passed the Legislature a year ago and received the approval of the mayor of New York but was vetoed by Governor Odell. This year the bill was signed by Governor Higgins. The text is as follows:

CHAPTER 610.

An act to amend the Greater New York Charter, relative to commitments to the State Reformatory for Women at Bedford.

Accepted by the city.

Became a law May 25, 1905, with the approval of the Governor.
Passed, three-fifths being present.

The People of the State of New York, represented in the Senate and Assembly, do enact as follows:

Section 1. Chapter fourteen of the Greater New York charter, as reenacted by chapter four hundred and sixty-six of the laws of nineteen hundred and one, is hereby amended by inserting therein a new section to be known as section seven hundred and seven-a, and to read as follows:

§ 707-a. Commitments to State Reformatory for Women at Bedford.—Wherever a woman between the ages of sixteen and thirty is convicted in the city of New York of habitual drunkenness, of being a common prostitute, of soliciting on public streets or places for purposes of prostitution, of frequenting disorderly houses or houses of prostitution, or of vagrancy under subdivisions three and four of section eight hundred and eighty-seven of the code of criminal procedure, she may be committed to the State Reformatory for Women at Bedford, pursuant to the provisions of section one hundred and forty-six of the state charities law, to be there confined subject to the provisions of such law and of any other statute relating to such reformatory.

§ 2. This act shall take effect immediately.

Under this law no commitments have yet been made from the Borough of Manhattan. A number of such commitments have been made from the Borough of Brooklyn. No test cases have occurred under the law.

SPECIAL APPROPRIATIONS.

The following special appropriations for needed improvements were passed by the Legislature and approved by the Governor:

Two cottages for inmates.....	\$40,000 00
Furnishings and equipment for same.....	1,800 00
One cottage for employees.....	2,500 00
Improvement on highway front.....	500 00
Cement walks (labor to be performed by inmates) ..	500 00
Duplicate dynamo and engine.....	3,500 00
Repairs and equipment.....	1,500 00

Bids for the construction of two cottages for inmates and the cottage for employees were opened July 14th. The managers were disappointed to find that all the bids were in excess of the appropriations, the lowest bid by more than \$7,000. As the Legislature acts upon information obtained from the State Architect's office in estimating the amounts required for these appropriations, it would seem to be a matter for regret that the needed information should not be accurate enough to enable the designs of the Legislature to be carried out. As we are crowded for room, the Board reluctantly adopted modified plans for the two cottages, smaller and inferior in many respects to those intended to be built, rather than wait for the action of the next Legislature. The revised plans were submitted to the lowest bidders, and contracts made with Dean and Havens of Olean for the

buildings and with the Commercial Construction Company of New York for the electrical work. Owing to these delays ground was not broken for the new buildings until October 2d, and there is no probability of their completion this winter.

The contract for improvement on highway front was given to J. H. Dakin & Son, of Mt. Kisco. Under this contract stone and cement pillars have been built at the entrance to our driveway and over 1,000 linear feet of dry-stone wall laid on our highway front.

With the labor of the inmates 600 linear feet or about 350 square yards of cement walk has been constructed under the supervision of the superintendent and other officers. Work will be continued this fall as long as the weather permits and the walls will be completed in the spring.

The duplicate dynamo and engine have not yet been installed, as the specifications therefor have not yet been received from the State Architect's office, although the necessary information was sent to him some months ago. We hope to have them in place before winter.

As mentioned in our last annual report, there was considerable delay last fall in starting new buildings under the appropriations of 1904. The winter was unusually severe and the contractors found great difficulty in securing workmen. Accordingly the cottage for employees for which ground was broken August 26 was not ready for occupancy until March 13, 1905, and even then was not quite finished. Ground was broken for the disciplinary building August 30, 1905. It was not ready for use until the second week in June, 1905. The coal sheds and addition to the power-house were begun and completed about the same dates.

All the work incident to putting in the plumbing, heating and lighting of the disciplinary building and cottage for employees was done by the engineers of the reformatory. This included the work of laying the conduits and building the concrete man-holes. Much of the latter work was done by the inmates under the direction of the chief engineer. The interior painting of the employees' cottage was done by the inmates and the exterior painting by the institution carpenter.

It was found that the appropriation made in 1904 of \$1,250 for fire-risers was inadequate for the work. We therefore decided to buy materials under special fund estimate and have the work done during the past summer by our own engineers. It was necessary to employ a day laborer to assist with the heavy pipes. As the materials cost all the money in the appropriation we expended \$118 of the fund for repairs and equipment for this labor. Fire-risers have been installed in the four cottages for inmates, the reception house and the administration building. Two stacks were put in each of the latter. As there are valves and a sufficient amount of hose on each floor of each building we now feel quite well protected against fire.

Under the appropriation of 1904 for repairs and equipments the most important work done was the repairing of the slate roofs, repainting the tin work, pipes, gutters, etc., on all the buildings, putting new tubes into the boiler at the steam laundry, erecting a smokestack and fitting up a room in the basement of the reception house for an additional ironing-room, putting cement floors into the storeroom in the basement of the administration building, and the corridors of the reception house, installing apparatus for additional radiation in the cottages and placing fly screens in kitchen and dining-rooms of all buildings. The

stand pipe was also emptied, cleaned and painted inside and out.

Most of the work above described has been done in a superior manner by our engineer and his men in addition to the heating, plumbing and electrical work done by them on the cottage and disciplinary building, and without neglecting their regular work, often working fifteen hours a day.

The grading of the embankment in front of the administration building, the appropriation of which, \$1,500, was vetoed by the Governor in 1904, has been finished by the labor of the inmates alone under the direction of the superintendent and other officers without cost to the State, except a small amount for grass seed. Considerable out-door labor beside this and the cement walk previously referred to, such as grading about the engineer's cottage and filling in ditches after pipes were laid has been done by the inmates. They have taken an interest in doing the work properly, and some have become quite expert in such parts of it as require mechanical skill.

DISCIPLINE.

The system of discipline is that described in former reports. We believe the value of the institution to be educational and not penal, and it is the effort of the superintendent to maintain a suitable government by teaching the girls the habits of self-respect and self-control and securing their assent to measures which are for the common good and which appeal to their sense and judgment. It is not claimed that in a community like this made up of those whose lives have been such as to subject them to legal restraint, this method would be capable of universal application alike in all cases. There are those who by nature are refractory in disposition and it is for such that we desired the

disciplinary building which was completed in June. It has been found to be of great value in deterring girls from mischief and has been occupied thus far by about a dozen different inmates and for periods ranging from a day or two to a few weeks. The purpose is that of seclusion rather than punishment and in all cases out-door exercise and work is given after three days.

PAROLE.

Full information regarding parole and the reasons therefor will be found in the superintendent's report.

CONCLUSION.

The work of the reformatory during the year has proceeded satisfactorily and the results, so far as the managers can judge, have been such as to reasonably justify the existence of the institution, its cost to the State and the methods adopted for its management. As we have been careful to say heretofore, there is no precise method of determining the number of individuals reformed or of computing the value of new impulses implanted or of new hopes and ambitions formed. But while there have been lapses that have disappointed us, there have been many hopeful and encouraging successes. There are those discharged from parole who maintain a friendly and even affectionate correspondence with the superintendent, an evidence of the helpful and continuing influence of the work done in the institution.

We should be unfair to her if we neglected to say again that the success of the reformatory is, in the first instance, due to Miss Davis, whose complete devotion to every interest of those committed to her care, whether physical, mental, moral or spiritual, has from the beginning been an inspiration to all about

her, while her wide knowledge of all matters relating to social reform and her practical business habits are a constant help to the managers and to people outside the institution who seek her counsel. She is ably seconded by her executive staff and the other officers of the reformatory whose names we cannot mention separately.

It is very gratifying to say that the general health of the institution both of officers and inmates, has been remarkably good during the past year, as throughout its existence, a circumstance which testifies to the healthfulness of the situation, and to the judicious care of Dr. Halleck, the resident physician.

Respectfully submitted,

JAMES WOOD,

President.

KATHARINE C. MARQUAND,

Secretary.

TREASURER'S REPORT.

SEPTEMBER 30, 1905.

SPECIAL APPROPRIATIONS.

Received from State Treasurer.....	\$17,671 64
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Payments were made from the following appropriations:

Laws of 1903.

Farm and other utensils ...	\$80 43	
Concrete floors in power-house	414 03	
	<hr/>	\$503 46

Laws of 1904:

Fire-risers and fire protection improvements	\$1,226 45	
Workshop and addition to engine-room	1,000 00	
Coal pockets and driveway.	2,500 00	
Cottage for employees.....	2,238 32	
Disciplinary building	7,883 52	
Extension to coal sheds....	610 00	
Repairs and equipments....	1,254 80	
	<hr/>	16,713 09

Laws of 1905:

Repairs and equipments...	\$234 74	
Cement walks	181 90	
Two cottages for inmates..	38 45	
	<hr/>	455 09
	<hr/>	\$17,671 64

GENERAL APPROPRIATIONS.

On hand October 1, 1904	\$772 2
Received from State Treasurer	50,900 0
Total	\$51,672 2
Disbursed	51,099 9
Balance on hand September 30, 1905.	\$572 2

Disbursements and per capita cost of maintenance were as follows:

	Total.	Per capita.	Daily per capita.
Salaries and wages	\$23,787 22	\$105 00	.2876
Expenses of managers	233 66	1 03	.0028
Provisions	11,115 06	49 06	.1344
Household stores.....	1,373 68	6 06	.0166
Clothing	3,030 87	13 38	.0366
Fuel and light	7,441 43	32 84	.09
Hospital and medical	261 68	1 16	.0031
Shop, farm and garden....	1,162 08	5 13	.014
Ordinary repairs	301 54	1 33	.0036
Transportation of inmates..	687 58	3 04	.0083
Miscellaneous	1,705 18	7 53	.0206
Total	\$51,099 98	\$225 56	.617

Average number of inmates	226.537
Average weekly cost of support	\$4 32
Estimated value of farm products	\$1,134 80

RECAPITULATION.

Balance on hand October 1, 1904	\$772 21
Received from special appropriations	17,671 64
Received from general appropriations.....	50,990 00
Miscellaneous receipts	8 40
Total	<u>\$69,352 25</u>
Paid from special appropriations	\$17,671 64
Paid from general appropriations	51,099 98
Remitted to State Treasurer	8 40
Balance on hand	572 23
Total	<u>\$69,352 25</u>

Respectfully submitted,

JOSEPH BARRETT,

Treasurer.

ANNUAL REPORT OF THE SUPERINTENDENT.

To the Board of Managers, New York State Reformatory for Women, at Bedford, N. Y.:

LADIES AND GENTLEMEN.—At the beginning of the year we had 223 inmates, of whom 218 were women and five were infants. At the close of the year we have 227 inmates, of whom four are infants. Our highest number of inmates on any one day was 237, and the lowest 219. The average for the entire year has been 226.537, an increase of 15.289 over the preceding year.

The increase in population has been cared for by turning some of the rooms on the third floor, south corridor, of the reception house, into double rooms. When the population reached 237 we were obliged to use all the cells on the corridor set aside for disciplinary purpose. Relief for this unfortunate state of affairs came June 1, 1905, when by the completion of the disciplinary building, a place was provided where offenders could be isolated.

With the completion of our new cottages, capable of accommodating 52 inmates, we shall be able to give a single room to each woman and allow for some increase in numbers. It will also meet the need most felt at present for a better classification than is possible where promotions can be made only when paroles occur.

At the end of the year the number in each grade is as follows:

Cottages (high grade)	107
First division, reception house (middle grade)	71
Second division, reception house (low grade)	45
Total	<u>223</u>

The number in our highest grade is at present necessarily limited to the capacity of our cottages.

With one inmate in the disciplinary building, we have seven vacant cells in the corridor occupied by the lowest grade. The crowding comes in the middle grade where we now have 11 rooms on the second and eight rooms on the third corridor used as doubles. When the girls are in their rooms their doors are kept open and an officer is on the corridor. This has necessitated the employment of an additional woman night-watch, during the past year.

A larger number of women have gone out on expiration of sentence than during any preceding year of our existence as the terms of those whose records have been such as to forbid parole are beginning to expire. Of the 31 who were discharged on expiration of sentence, 11 were women who had violated parole and were obliged to serve the remainder of their sentence. Two had returned to await positions and their time had expired before they were placed. Eighteen remained in the institution their entire three years. Of these nine went out from the lowest grade. All but one of these had worked their way to cottages, but fell back through weakness or waywardness. One remained her entire three years in the lowest grade. She is a moral imbecile. Two went out from the middle grade and seven from cottages. One of these latter was kept because of lack of home and need of training. She is now well placed and doing well. Two others are in domestic service in the neighborhood and doing well. One has gone to destruction. Three are doubtful. Five women were discharged on writ by the Supreme Court. Two of these were out on parole. They broke their parole, engaged lawyers, surrendered themselves voluntarily to our custody and were taken out on writ. The writs

were sustained on the ground of the May Clark decision alluded to in our last report. One girl had broken parole and been returned. She was taken out by friends. One girl was released on appeal. An attempt was made, by means of writs, to secure the release of two girls, both committed for "attempts to commit grand larceny." In both cases the writ was dismissed and the prisoner remanded.

INDUSTRIAL CLASSES AND INDUSTRIAL WORK.

There has been little change in our industrial classes during the past year.

The greater demands upon our laundry, due to the growth of population had made it well-nigh impossible to give to beginners the careful instruction and supervision necessary to learn ironing by hand. Accordingly a supplementary ironing-room has been fitted up in the basement of the reception-house. Here all the ironing for the two lower grades is done. This not only makes it possible for the teacher of laundry work to give adequate supervision but also furnishes employment to a considerable number of second division girls.

The term for the classes in plain sewing, basketmaking, and cooking, has been extended from three to four months in order to give a more thorough course. That, in cooking for example, has been extended to cover canning fruit, making jelly and pickling.

Miss Carolina Wood is again instructing a class of 10 members in embroidery. They are taken from the middle grade.

While facilities are still lacking for systematic instruction, for the sake of manual training, we are making such articles for our own use as pasteboard document cases, manilla envelopes for mailing reports, book covers for the sample books of the sewing class, caning chair bottoms, etc.

One girl at a time is regularly employed at weaving on our hand loom. In addition to the rugs made for our own institution we recently wove over 100 yards of rag carpet for the State Industrial School at Rochester. The cutting and sewing of the rags for our rugs furnishes occupation to the girls who for any reason are obliged to remain in their rooms. Our knitting machine, on which we knit all our own stockings, gives employment to one girl. The finishing of the tops and toes by hand is assigned to second division girls.

This year has been characterized by the extension of our out-door work for inmates. The reasons for this are not chiefly economic, although this employment of the women has made a saving to the State of a good many hundred dollars.

A large proportion of the women committed to us are below normal health at the time of their commitment. Our resident physician gives a conservative estimate of 34 out of 95 women who entered this year, or nearly 36 per cent. Those afflicted with a specific disease amounted to 14.8 per cent. A number were suffering from the excessive use of alcohol and drugs. Others are abnormal in some way, mentally. For all of these fresh air, nourishing food and plenty of sleep are of as much, if not more, importance than medicine. Idleness, affording time for brooding, is bad for this class. Occupation and exercise in the open air, if not excessive, does more to restore nervous equilibrium and tone up the system than medicine. Work must of course be adapted to the physical condition of the individual. Whenever necessary frequent rests are given. There is another class of girls, those of abundant vitality and exuberant spirits, who need hard manual labor to "let off steam." The two classes can be mixed in out-door work by assigning the lighter tasks to the

beginners. The results of the out-door work are good appetite, sound sleep and improvement in general health and consequently in self-control, all of which is an important step toward moral regeneration.

We referred in our last report to the grading in front of the administration building then in process. This was finished late in the fall, seeded in the early spring, and makes a vast improvement in the appearance of the place, all at the cost to the State of the grass seed and the salary of the supervising matron. During the past year the girls have worked at the grading around the employees' cottage and disciplinary building, all of which has been done by them. They have built several large concrete manholes under the direction of the engineer. They have built concrete steps and are now engaged on concrete walks, over 500 linear feet of which is now complete. A road around the coal sheds has been begun and will be finished this fall. The gardening, with the exception of plowing and harrowing, including planting, weeding and harvesting, has been done, as in former years, by the inmates. The ice was cut chiefly by inmate labor, 300 tons being harvested at a cost to the State of \$43.70 for extra labor. Lawns, roadways and gutters are cared for by the girls. In the winter they keep the walks free from snow, no small task in a winter like the last. Each house has its own flower beds in summer. Even more out-of-door work could be done if the officers could be spared to supervise.

Up to March first the salary of the matron in charge of the out-door work was paid by a friend to the institution. After that date the authorities sanctioned her regular employment. She devotes her time, however, to the supervision of the work of the lowest grade. During most of the weather which permits out-of-

door work, the various members of the staff, including the superintendent, the assistant superintendent, steward and resident physician, and various matrons have given all their spare time to planning and directing out-door work. The inmates, for the most part, learn to prefer out-of-door work to any other occupation and beg to be assigned to it, much to the surprise of many of our visitors who sometimes think it work unsuitable to women. The results, so far, lead us to believe we are in the right track in keeping our young women in the open air as far as possible both for work and play.

The Industrial Classes are as follows:

Laundry—8.15 to 11.45 a. m.; 1.15 to 4.30 p. m. In session 5½ days, 52 weeks in the year. Two daily shifts, from 17 to 20 women each, taken from the first division (middle grade), reception-house.

Ironing-Room—9.30 to 11.30 a. m.; 1.30 to 4 p. m. In session 4 days in the week and 52 weeks in the year. Two daily shifts of 13 women each. Taken from second division (lowest grade), reception-house.

Sewing-Room, Administration Building—8.30 to 11.45 a. m.; 1.15 to 4.30 p. m. Two shifts of 16 women each, taken from the cottages (first grade). All the dressmaking for the institution, the parole suits and the capes worn by the inmates of the institution are made in this class. In session 5½ days in the week, 50 weeks in the year.

Classes in Plain Sewing (graded lessons)—9 to 11.45 a. m.; 1.15 to 4 p. m.; 16 members. Morning class from the middle grade; afternoon class from the highest grade. Each class completes a course in four months.

Class in Basket and Hat Making—8.30 to 11.30 a. m.; 16 to 20 cottage girls.

Cooking Class — 2 to 4.30 p. m. Tuesday, Wednesday, Thursday and Friday; two classes of eight girls each, meet two afternoons week each. The course covers four months.

Garden Squads — From the middle of April through the fiscal year 10 to 15 girls of the lowest grade, from 10 to 12 a. m. and to 5.30 p. m. Other squads from the second division and from the cottages have worked when weather permitted it, in numbers to meet the needs of the work, varying from 6 to 30.

GENERAL SCHOOL WORK.

This has been the most successful school year in our history. For the first time there have been no changes among our teachers. The third teacher allowed us last fall began her duties November 1, 1904. This addition to our staff enables us to furnish school instruction for a larger number of the middle grade girls and to extend the school hours for the lower grade.

As heretofore much of the school work is individual. Close classification is an impossibility and since our students so largely part, mentally, from the type of normal school girl, the most effective work is possible only in small groups.

An effort is being made to coördinate more closely the school and industrial work, so as to enable the pupils to see the direct connection between what they receive in the schoolroom and their daily life.

With our out-of-door facilities we are able to do much with nature work in the study of the trees, plants, birds, and insects in our neighborhood. During the past summer much interest has been aroused along these lines. Thanks to the generosity of friends we have been able to place a dissecting microscope in each

schoolroom and a better one for special purposes for the use of all. We also bought the excellent set of books called "The Nature Library," in ten volumes. Great interest has been shown in the study of insects, particularly moths, in which this section is especially rich.

Increased attention has been paid to drawing, with good results.

At present the students of our most advanced class in arithmetic are engaged in measuring the areas of our various irregularly shaped garden spots, plotting them on paper from their field notes and calculating the acreage for our farm census for the Fiscal Supervisor's Office. In their arithmetic classes the teachers are following the methods used in other institutions, notably at Hampton Institute, of preparing their problems from the actual work of the various departments of the institutions,

English composition is largely taught through the medium of letter writing. This can be made a great incentive, for the chief thought of the illiterate girl is to be able to write her own home letters.

Few, if any, of our pupils will ever attend school after leaving us. Our effort is, then, not to train them to pass examinations nor to enter higher grades, but, so far as possible to fit them for life.

Our girls have lost the freshness, the inquisitiveness, the elasticity characteristic of the child's mind. They have gained nothing compensating in habits of observation, attention and application. To teach them requires more than average ability on the part of their teachers.

It is but just to say that our present teachers realize this and are striving to adapt materials and methods to meet the needs of our work. The classes have had sessions for five days in the week, forty-eight weeks in the year.

SCHEDULE OF SCHOOL WORK.

I. A. M. 8:30 to 11:45. Advanced grade; studies, algebra, book-keeping, history and physical geography. Forty-one first grade girls have been instructed during the year. Average attendance has been twenty.

II. A. M. 8:30 to 11:45. Primary grade; studies, reading, writing, elementary arithmetic, English language, some work in drawing, nature study, etc. An average of twenty-two pupils, first grade girls, have received instruction. Thirteen girls have been promoted to the intermediate grade.

III. A. M. 9 to 11:30. Primary grade; studies as in class II. An average of fifteen girls from the first division (middle grade), reception-house.

IV. P. M. 1:15 to 4:30. Intermediate grade; studies, common English branches, map drawing, nature study, etc. Sixty-nine pupils have received instruction in this class during the year. Twelve have been promoted to the advanced grade (first grade). An average of twenty-five pupils.

V. P. M. 1:30 to 4:30. Intermediate grade; studies, common English branches. An average of twenty-two pupils, first division, reception-house (middle grade).

VI. P. M. 1:30 to 4:30. Mixed grade; common English branches. An average of fifteen pupils from the second division, reception-house (lowest grade).

VII. Physiology taught by resident physician, 1 o'clock to 2 o'clock p. m., Saturday. Twenty girls form the first grade (cottages). Course covers five months.

VIII. Gymnastics; twenty classes per week; three dancing classes of 40 minutes each, Saturday afternoon, for highest grade girls. Each class includes about thirty.

In the regular classes, three days a week are devoted to Swedish work, and two to gymnastic games. When the weather permits, the games are played out-of-doors.

IX. Two singing classes, each meeting one evening in the week. All the girls of the two highest grades are divided between the two classes. -For six months of the year we were fortunate in having the services of Mrs. Mary A. Jordan as instructor and the classes made great progress under her direction.

She also organized a glee club of twenty-four of the best voices. They received special instruction during Mrs. Jordan's stay and were able at the end of six months to present very creditably quite difficult anthems and part songs.

On Saturday our schedule for the day is somewhat varied. The industrial classes meet as usual, but the pupils from the school devote the morning to general cleaning indoors and out.

At 11 o'clock the Sabbath school for the Jewish girls is held. In the afternoon the class in physiology meets, followed by two reading classes and the three dancing classes.

The following table shows the classification of the inmates received during the year upon admission to the institution:

Cannot read or write in any language.....	6
Can read and write a foreign language, no English.....	4
Can read and write a little, no further education.....	31
Reads, writes and speaks four languages (ungrammatically) no further education	1
Read, write and have studied arithmetic and geography a little.....	35
Have reached grammar grades, public school.....	8
Graduated from grammar school.....	1
Have been in high school.....	5

Graduated from high school.....	3
Had two years in college.....	1
	<hr/>
	95
	<hr/>

RELIGIOUS SERVICES.

For our Catholic inmates the Rev. Father Kelly, of St. Francis Church, at Mt. Kisco, still continues to be the faithful pastor. Services are conducted by him or by his assistant each Sunday afternoon. Confessions and Mass are held, if possible, as often as once a month and on the principal church festivals. A Sunday School for the Catholic girls was organized during the winter by Sister Mary Xavier, who, with a companion, comes at least two Sundays a month. Besides the regular school work, the sisters spend several hours on each visit in personal interviews with the girls. During four days of the last week of September a mission was held at the Reformatory by the Rev. Father Gainan of New York.

For the Protestant girls we continue the Sunday school on Sunday morning. This is conducted by officers of the institution. At the church service Mr. James Wood and Mr. Barrett of our Board of Managers have continued their custom of delivering the address once a month each. The Rev. Messrs. Luquer and Van Horsen, of Bedford village, Rev. Mr. Ried, of Katonah, and Rev. Mr. Merriman, of Mt. Kisco, have in turn conducted the services on the remaining Sundays. The Rev. Messrs. Eastman, Merriman, Sr., and Jewell have also conducted services during the year. On Christmas morning a Communion service was held by the Rev. Mr. Luquer for the members of the Protestant Episcopal church. One of the most interesting services of the year was held on January 22, when Mr. William George talked to the inmates, officers and a few invited guests of the work of the

George Junior Republic. On special occasions, such as Christmas and Thanksgiving, the superintendent has conducted the services. On Sunday evenings through the winter a joint service for inmates of all faiths has usually been conducted by the superintendent.

In the spring Miss Rosetta Stone, who has been so faithful in her work with the Jewish girls for over two years past, was obliged to give up her visits on account of ill-health. Miss Stone had been a most welcome visitor, for, by her tact and sympathy, she had endeared herself to the girls in her charge, while her good sense and good judgment had made her valuable to the officers. It was with great regret, not only for her but for ourselves, that we learned of the necessity for her withdrawal from the work. She has been succeeded by Mrs. Bertha Hollander, of New York.

AMUSEMENTS.

As usual, our Thursday evening lectures were given weekly from October to May. The greater number were given by Mr. James Wood, on Russia, Germany, Scandanavia, Mexico and other foreign countries. Miss Rosetta Stone delivered two lectures on the History of Art, Dr. Halleck one on Bacteriology and one on general physiology. For these lectures we obtained lantern slides from the State Library at Albany. Senorita Huidthorbo gave us a most interesting lecture on Typical Life in Chile, illustrated by 178 beautifully colored views. Professor Mary W. Whitney, of Vassar, talked to us on "The Moon," using slides made from a very remarkable series of photographs of the moon in its various phases.

On December 31 we enjoyed a musical given by Miss Morris, Miss Wood, Messrs. Hollingsworth and Harry Wood and Mrs.

Haviland. Later in the winter two musical entertainments were given by the girls under the direction of Mrs. Jordan. The first was an operetta called "An Official Visit," the libretto of which was written by one of our officers. The other was a glee club concert, in which our home talent was assisted by Mr. John Henderson, of New York, as vocal soloist, and Mr. Harry Wood, of Mt. Kisco, as violinist, accompanied on the piano by Miss Carpenter.

We had our usual basket ball game between the officers and inmates on Thanksgiving evening, in which the former team suffered most inglorious defeat. At Christmas, thanks to the generosity of members of the Board and other friends, all were remembered by Santa Claus, the tree was lighted by colored electric lamps, and enough money was left to buy the Nature Library for schoolroom use. A Christmas cantata by the inmates furnished the chief feature, aside from the tree.

On July 4 we were again indebted to the Bedford Station band for their services. The programme was much the same as in previous years.

Occasional dancing parties in the assembly room, special "spreads" for particular groups of meritorious workers, several picnics, Hallowe'en and occasional birthday parties, and expeditions for berries and nuts in season, has furnished enough in the way of amusement to vary the monotony of daily life and to give something to anticipate and to furnish pleasant memories.

MISCELLANEOUS.

During the winter Dr. Margaret S. Halleck, our resident physician, gave a series of talks on specific and other chronic contagious diseases, with special reference to necessary hygienic

measures in an institution like our own. The course was attended by the head matrons and such other officers as desired to do so.

In May we were visited by Mr. Alexander Johnson, Associate Director of the School of Philanthropy, with nine members of the class, and the last of June Professor Carl Kelsey and a party of thirty-four students, from the Summer School of Philanthropy of New York, spent an afternoon with us. An informal discussion of reformatory methods took place in the chapel, after which the students, in small groups, visited the various classes and buildings. In connection with these visits an exhibition of the various kinds of handwork done by the inmates was held, including very beautiful samples of drawn work and embroidery done in recreation hours.

During the year we have been inspected by members and regular inspectors and of no less than seven different departments and bodies authorized by law to make such inspection. These are the Department of the Fiscal Supervisor, which has been represented by the head of the department, by separate inspectors of heating and lighting, bookkeeping, and general care and condition of institutions. The State Board of Charities has been represented by five members and their regular inspector. The State Architect's office has inspected our construction work and special repairs. Representatives of the Prison Commission, the State Charities Aid Association, the New York Prison Association and the Women's Prison Association, all of which have the duty of inspection conferred upon them by law, have visited us during the year.

GIFTS.

At Christmas time we were indebted to the following for money to assist in our celebration :

Mr. James Wood.

Mr. Joseph Barrett.

Mr. Charles H. Turner.

Mrs. Henry Marquand.

Mrs. H. P. Griffin.

Mrs. F. Betts.

The Managers of the Colored Orphan Asylum.

For box of gifts for Sanford cottage's Christmas tree: Mr. Chas. Gibson, of Albany. For money for books, Rev. Lea Laquer. For 52 Catholic books for library, Sister Mary Xavier, New York. For 40 books for library, Hon. Geo. Carnahan, Rochester. For magazines and papers, Mrs. James Wood, Mrs. Arthur Iselin, Mrs. F. Betts, The Catholic World, and the Young Men's Christian Association of Tarrytown, N. Y. For \$25 spent for microscope and books, Mrs. R. M. Hoe. For large oil painting of the "Good Samaritan" for Sandford cottage, Miss Alice Sandford.

For fruits, plants, bulbs, etc., Mrs. Marquand, Mr. Wood and Mr. Barrett.

To Mrs. Charles Russel Lowell for cash :

On hand at beginning of year.....	\$2 97
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Received from October to February.....	125 00
--	--------

	<u>\$127 97</u>
--	-----------------

Paid from this, salary of Mrs. Shortell in charge of out-

door work, five months at \$25 per month.....	\$125 00
---	----------

Paid for palmetto for hats.....	2 97
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	<u>\$127 97</u>
--	-----------------

Leaving no balance at end of year.

COMMENTS ON STATISTICAL TABLES.

There has been a slight decrease in the number of commitments during the past year—the total being six less than for the preceding year. Greater New York has sent us a much smaller percentage than during any previous year and the falling off has been entirely in the Borough of New York. Brooklyn had more than doubled both percentage and actual number of commitments. Westchester shows an increase in both percentage and total. Few commitments are received from other counties. There have been but few commitments from city magistrates in the Borough of New York, in spite of the passage of the bill amending the city charter. There have been eight commitments under this law from Brooklyn. As no writ of habeas corpus have been served in these cases we have been unable to test the law.

There have also been fewer commitments from the Court of Special Sessions, in the Borough of New York, in which minor offenses are tried. This is possibly due to the more frequent application of the probation law in these cases.

A comparison of Table IV with the same table for the preceding year shows about the same relative percentage of felonies, misdemeanors, and other offenses. As in previous years the larger number of those sentenced for petit larceny pleaded guilty in the Court of General Sessions, after having been indicted for grand larceny.

The average age at the time of commitment is slightly lower than last year, being 20.8 as against 21+ years.

Table VI seems to show that the number committed, who were employed as servants at time of commitment, is steadily increasing. This year it rises to 61 per cent. as against 51.4 per cent., 43 per cent. and 35 per cent., in preceding years.

It will also be noted that only three factory operatives were committed this year, as against sixteen last year.

Table VII shows a falling off of 2 per cent. in the foreign born. On the other hand there has been an increase in the number of colored women sentenced to us. The percentages for the past three years have been: 23 per cent. in 1903, 26.7 per cent. in 1904, and 30.5 per cent. in 1905.

Under Table VIII we note that only seventeen of the white women are of American parentage.

STATISTICS OF PAROLE.

At the beginning of the year, 57 girls on parole were maintaining correspondence and doing well. During the year 68 others have gone out on parole, making a total of 125 under supervision outside the institution.

The placing of these girls, attending to their correspondence and reports and maintaining anything like adequate supervision of them, through visits to their homes, involves considerable time and labor. In addition to those paroled, 32 women have left the institution on expiration of sentence. No woman is allowed to leave without a home to go to if she is willing to be placed by us, and as much pains is taken to find suitable positions for those who do not go to their families as if they were going out on parole. Most women are glad to be so placed. Of the 31 discharged within the year only five have refused to accept our offers of help.

Although legally, we are not bound to provide for these women, morally we are obliged to do so. It adds materially to the work of our parole officer, and if our paroled women are to be properly supervised, the time will soon come when it will be impossible for one woman to combine these duties with those of marshal.

There has been an increase during the current year of nearly 3 per cent. in the number of those violating parole, the figures being 19.1 per cent. this year as against 16.2 per cent. last year. As heretofore, drink has been the chief single cause. In several cases a woman has done well for a good many months, but has finally yielded to temptation. The average age of the women violating parole continues to be somewhat higher than the average age of those in the institution.

In view of the recent discussion of the evils resulting from bringing large numbers of colored women north through southern colored agencies, we have noted with special interest our statistics with regard to our colored inmates.

At the close of the fiscal year 29.14 per cent. of our population was colored. So far as their behavior while in the institution is concerned, the following figures do not make a bad showing. The grading is on a basis of character and conduct:

GRADE.	TOTAL.	WHITE.		COLORED.	
		No.	%	No.	%
High grade (Cottage) ..	107	83	52.53	24	36.91
Middle grade (1st Div.					
R. H.).....	71	42	26.58	29	44.60
Low grade (2d Div.					
R. H.).....	45	33	20.88	12	18.46
	<hr/>	<hr/>		<hr/>	
	223	158		65	
	<hr/>	<hr/>		<hr/>	

The statistics of parole make a more favorable showing for the colored girls than for the white girls.

Of the 125 women who have been on parole during the year, 23 were colored. Only one of these broke her parole. Of the 102

hite women, 23 individuals broke parole, the percentage showing the great difference between 22.5 per cent and 4.3 per cent. in favor of the colored girls.

Of the 29 colored women committed during the year, all but one gave their occupation as general houseworker or as some more specialized form of domestic service. Of the 23 on parole, 20 were employed in domestic service; three assisted their mothers

home. Of these 23 women on parole, 12 were southern born, while of the 29 committed during the year, 18 were born in the South.

The percentage of illiteracy is higher among the colored women than among even the foreign group.

Of the 95 women committed during the year, only 6 were unable to read and write any language, and of those, 4 were colored (3 of these were southern born). A considerably larger number do not read or write easily. Of the 23 colored girls on parole, 4 could not read or write at time of commitment. Three of these, also, were southern born. Of the 95 women committed during the year, of whom 29 were colored and 66 white, the resident physician estimates that 34 were decidedly below par, physically, at the time of admission. Seven of the 34 were colored and 27 were white, making the percentages 24.1 to 40.9 in favor of the colored.

To repeat what has been said in previous reports, domestic service is the employment for which we are best equipped to prepare our girls, and in which we can certainly place them when ready to leave us. A very much larger percentage of colored than of white girls have been in service before commitment, and most of them turn to it instinctively as the natural employment, on parole. Comparatively few of the white girls, and particularly

girls of American parentage, choose housework. If they accept positions, it is usually with the idea of "bettering" themselves later on. Of the 30 white women committed during the current year who gave their occupation as general housework, only 9 were of American parentage, 7 were of foreign parentage, and 14 were themselves foreign born.

The following table shows the offenses for which domestic servants were committed:

DOMESTICS (GENERAL HOUSEWORK).

	White.	Colored.	Total
Petit larceny.....	11	5	16
Grand larceny.....	7	5	12
Robbery	1	.....	1
Common prostitute.....	5	4	9
Drink and disorderly conduct.....	.....	1	1
Vagrancy	3	4	7
Breach of peace.....	.....	2	2
Disorderly person.....	1	1	2
Offending public decency.....	1	.....	1
Associating with dissolute persons.....	1	.....	1
	<hr/>	<hr/>	<hr/>
	30	22	52
	<hr/>	<hr/>	<hr/>

The following table shows the proportion of those on parole during the year employed at domestic service and the relative number of white and colored women in each class:

	Total number on parole.	Number en- gaged in do- mestic service.
Maintaining correspondence at end of fiscal year:		
White	24	12
Colored	9	8

	Total number on parole.	Number en- gaged in do- mestic service
Discharged from parole during fiscal year :		
White	55	2
Colored	11	
Broke parole and returned :		
White	14	
Colored	1	
Broke parole, whereabouts unknown :		
White	9	
Colored		
Died :		
White	1	
Colored		
Returned on account of illness :		
White		
Colored	1	
	<hr/>	<hr/>
	125	7
	<hr/>	<hr/>

STATISTICAL TABLES.

I.

MOVEMENT OF POPULATION.

Population September 30, 1904 :

Women 218

Infants 5

Total 223

Committed September 30, 1904, to September 30, 1905... 95

Returned for violation of parole..... 15

Returned to wait for another position..... 7

Returned from hospital..... 1

Infants born..... 4

Total 345

Paroled September, 1904, to September 30, 1905.. 68

Paroled September 30, 1904, left after September
30 3

Discharged on expiration of sentence:

Returned for violation of parole..... 11

Returned to wait for another position. 2

Remained in institution during entire
term 19

32

Replaced in other positions..... 4

Transferred to Matteawan State Hospital..... 3

Returned to court on account of incorrect commitment papers.....	1	
Discharged on writs.....	5	
Discharged on appeal.....	1	
Infants gone out with mother.....	3	
Infants died.....	2	
	<hr/>	
	122	
Deduct 3 unplaced — Deduct 1 repetition...	4	
	<hr/>	
		118
In institution September 30, 1905:		
Women	223	
Infants	4	
	<hr/>	
	<hr/>	227
	<hr/>	

II.

COUNTIES.

Kings	20	
New York	44	
Richmond	1	
	<hr/>	
Total Greater New York.....		65
Albany	3	
Columbia	1	
Dutchess	1	
Rensselaer	2	
Westchester	23	
	<hr/>	
		30
	<hr/>	
Total		95
	<hr/>	

III.
COURT.

City judge	5
City magistrate	10
County court	15
General sessions	35
Justice of peace.....	9
Police justice	13
Special sessions	8
	<hr/>
	95
	<hr/> <hr/>

IV.
OFFENSE.

Misdemeanors :

Assault, third degree.....	1
Offending public decency.....	2
Keeping disorderly house.....	1
Maintaining place for smoking opium.....	1
Obtaining money under false pretext.....	1
*Petit larceny	27
	<hr/>
	33

Felonies :

Assault, second degree.....	2
Attempt to commit grand larceny.....	5
Bigamy	1
Forgery, second degree.....	1
Grand larceny, first degree.....	5
Grand larceny, second degree.....	15
Robbery, first degree.....	2
	<hr/>
	31

Other offenses:

Breach of the peace.....	2	
Common prostitute.....	8	
Disorderly conduct	7	
Habitual drunkard.....	3	
Keeping company with dissolute person.....	2	
Vagrancy	9	
		<hr/> 31
		<hr/> 95
		<hr/> <hr/>

V.

AGE.

15 years	3
16 years	7
17 years	8
18 years	12
19 years	11
20 years	10
21 years	15
22 years	1
23 years	5
24 years	5
25 years	5
26 years	2
27 years	5
28 years	2
29 years	3
32 years	1
	<hr/>
Total	95
	<hr/> <hr/>

Average age, 20.8 years.

* Of these, 17 were indicted for grand larceny.

VI.

OCCUPATION.

Acrobat	1
Bookkeeper	1
Cashier	3
Chambermaid	2
Chambermaid and waitress	3
Cook	1
Detective	1
Domestic (general housework)	52
Factory operator	3
Flower maker	1
Housekeeper	1
Housewife	2
Laundress	1
Nurse	2
Nursegirl	2
Office girl	1
Tailoress	2
Trapeze performer	1
Saleswoman	3
Solicitor of advertisements	1
Waitress	4
No occupation	7
Total	95

VII.

BIRTHPLACE.

Bohemia		
Canada		
France		
Germany		
Hungary		
Ireland		
Poland		
Spain		
Sweden		
Russia		
*West Indies		
Total foreign born		27
American born :		
White	41	
*Colored	27	
		68
Total		95
*Colored women :		
Foreign born		2
American born		27
Total		29
Detail—native born, white:		
New York City	17	
Other parts of New York State	14	
		31

VIII

NATIONALITY OF PARENTS.

Both parents American: white	17
colored	24
	<hr/>
	41
Both parents unknown (2 colored probably U. S.)	5
Both parents Austrian	1

Both parents Bohemian	
Both parents Canadian	
Both parents Cuban	
Both parents German	
Both parents Hungarian	
Both parents Italian	
Both parents Irish	
Both parents Polish	
Both parents Russian	
Both parents Swedish	
Father American, mother Canadian	
Father American, mother Irish	
Mother American, father Austrian	
Mother American, father Canadian	
Mother American, father German	
Mother American, father Irish	
Father unknown, mother German	
Father German, mother Canadian	
Father German, mother French	
Father German, mother Polish	
Father Spanish, mother Italian	
Father Swiss, mother German	
Total	

IX.

RELIGION.

Jews	
Protestants:	
Baptist	11
Episcopal	12

Lutheran	3	
Methodist	17	
Presbyterian	2	
Protestant, sect unspecified	6	
	<hr/>	51
Roman Catholics		37
	<hr/>	
Total		95
	<hr/>	
	<hr/>	

X.

SOCIAL RELATIONS.

Married	26	
Single	69	
	<hr/>	
Total	95	
	<hr/>	
	<hr/>	
Separated from husband	11	
Husband in prison	2	
Married women who have had children	12	
Unmarried women who acknowledge having children....	11	
	<hr/>	
	<hr/>	

XI.

HAVE BEEN IN OTHER INSTITUTIONS (SO FAR AS CAN
BE ASCERTAINED).

County almshouse	1
County jail	2
House of Correction, Detroit	1
House of Refuge, Hudson	2

House of Refuge, Randall's Island	1
House of Mercy	2
House of Good Shepherd, Brooklyn	1
House of Good Shepherd, Philadelphia	1
House of Good Shepherd, Troy	1
Humane Society, Troy	1
Insane asylum	1
Orphan asylum	2
Penitentiary, New York	3
State Industrial School, Rochester	1
State Reformatory for Women, Bedford	1
Various homes for wayward girls	6
Westchester Temporary Home	1

 28

Have served more than one sentence previous to coming to Bedford	2
Arrested previous to coming to Bedford, but fined or dis- charged	12

STATISTICS OF PAROLE.

I.

Maintaining correspondence at the beginning of the fiscal year	57
Paroled September 30, 1904—left in institution after October 1, 1904.....	3
Paroled September 30, 1904, to September 30, 1905.....	68
Total	128

Discharged from parole.....	66
Returned to Reformatory.....	15
Broke parole—whereabouts unknown.....	8
Broke parole—placed in another institution.....	1
Died	1
Unplaced	3
Returned on account of illness.....	1
Maintaining correspondence	33
	<hr/>
	128
	<hr/> <hr/>

II.

OFFENSES FOR WHICH WOMEN PAROLED DURING THE
FISCAL YEAR WERE COMMITTED AND THE PROPOR-
TION IN EACH CLASS WHO ARE MAINTAINING COR-
RESPONDENCE AND DOING WELL.

OFFENSE.	Number parole.	Maintaining correspond- ence.	Discharged from parole.
Assault, first degree.....	1	1
Assault, second degree.....	1	1
Attempt to commit grand larceny.....	1	1
*Criminal neglect of child.....	1
Forgery	2	1
Grand larceny, first degree.....	1	1
*Grand larceny, second degree.....	16	9	4
Manslaughter, first degree.....	1	1
*Petit larceny	13	8	3
Using child for begging.....	1	1
	<hr/>	<hr/>	<hr/>
Total	38	21	10
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

* One in each of these classes paroled but unplaced.

	Number parole.	Maintaining correspond- ence.	Dischar- ged from parole.
Summary convictions:			
Common prostitute	14	7	
Disorderly conduct	6	.....
Habitual drunkard	4	.....
Ungovernable child	8	1	
Vagrant	1	.....	.....
Total	33	8	1
Grand total	71	29	2

III.

AGE OF PAROLED WOMEN AT TIME OF COMMITMENT

15 years	
16 years	
17 years	1
18 years	
19 years	
20 years	
21 years	
22 years	
23 years	
24 years	
25 years	
26 years	
27 years	
28 years	
29 years	
Total	7
Average age, 21.7 years.	

AGES OF WOMEN WHO HAVE VIOLATED PAROLE.

(13 were among those paroled before the beginning of the fiscal year, 11 were among those paroled during the current year.)

16 years	1
17 years	3
18 years	1
19 years	1
20 years	1
21 years	4
22 years	3
23 years	1
24 years	4
25 years	2
28 years	2
29 years	1
<hr/>	
Total	24
<hr/>	

Average age, 22.1 years.

IV.

CHARACTER OF VIOLATION OF PAROLE.

Of fifteen returned to institution :

For drinking	8
For immorality	1
For leaving place without permission.....	3
Ungovernable	3
<hr/>	
	15
<hr/>	

Of nine others who violated parole, five left positions at domestic service and could not be traced; three changed places of residence and failed to report; one was arrested for immorality and placed in another institution.

V.

OCCUPATION OF THOSE MAINTAINING CORRESPONDENCE.

Domestics	2
Nurse	
Milliner (boards)	
Saleswoman (boards)	
Dentist's assistant	
With parents in France	
Assists mother at home	
With sister	
With husband	
With cousin	
Total	3

VI.

LENGTH OF TIME AWAY FROM INSTITUTION OF THOSE MAINTAINING CORRESPONDENCE.

Have been on parole:

1 month	
2 months	
3 months	
4 months	

5 months	2
6 months	1
8 months	2
10 months	1
11 months	1
1 year	2
1 year, 1 month.....	2
1 year, 2 months.....	3
1 year, 11 months.....	1
Total	<u>33</u>

VII.

OF THOSE PAROLED DURING FISCAL YEAR, AND TWO
PLACED AT THE BEGINNING OF THE YEAR.

Discharged from parole.....	29
Violated parole and returned.....	7
Violated parole and whereabouts unknown.....	3
Violated parole and placed in other institution.....	1
Returned on account of illness.....	1
Unplaced	3
Maintaining correspondence	27
Total	<u>71</u>

VIII.

LENGTH OF STAY IN INSTITUTION OF THOSE PAROLED
DURING FISCAL YEAR AND TWO PLACED AFTER
BEGINNING OF YEAR.

2 years, 11 months.....	6
2 years, 10 months.....	8

2 years, 9 months.....	17
2 years, 8 months.....	6
2 years, 7 months.....	2
2 years, 6 months.....	5
2 years, 5 months.....	1
2 years, 4 months.....	1
2 years, 3 months.....	5
2 years, 2 months.....	3
2 years	1

Total 55

1 year, 11 months.....	1
1 year, 10 months.....	1
1 year, 9 months.....	1
1 year, 7 months.....	1
1 year, 6 months.....	2
1 year, 4 months.....	1
1 year, 3 months.....	1
1 year, 2 months.....	1
1 year, 1 month.....	3
10 months	1
5 months	2
4 months	1

Total 16

IX.

PLACED OUT ON PAROLE DURING FISCAL YEAR — IN
WHOSE CUSTODY.

To custody of employer.....	40
To custody of mother.....	11
To custody of father.....	4
To custody of husband.....	1
To custody of sister.....	5
To custody of cousin.....	1
To custody of grandmother.....	1
To custody of teacher.....	1
To custody of probation officer (in another State).....	1
To custody of clergyman.....	1
To custody of Superintendent.....	1
To custody of landlady.....	1
<hr/>	
Total	68
Unplaced	3
<hr/>	
Total	71
<hr/> <hr/>	

X.

OF THE SIXTY-SIX DISCHARGED FROM PAROLE DUR-
ING THE FISCAL YEAR.

Had been on parole:

1 month	5
2 months	7
3 months	9
4 months	4

5 months	1
6 months	2
7 months	4
8 months	1
9 months	3
10 months	2
11 months	2
<hr/>	
1 year	3
1 year, 1 month	3
1 year, 2 months	1
1 year, 3 months	5
1 year, 6 months	2
1 year, 7 months	5
1 year, 8 months	2
1 year, 9 months	2
1 year, 10 months	1
2 years, 5 months	2
<hr/>	
Total	6

Offenses for which committed:

Forgery, second degree	
Robbery, first degree	
Burglary, third degree	
Habitual drunkard	
Intoxication	
Petit larceny	
Grand larceny, second degree	15
Grand larceny, first degree	

Attempt to commit grand larceny.....	1
Assault, second degree.....	2
Vagrancy	1
Frequenting disorderly houses.....	1
Disorderly conduct.....	11
Common prostitute.....	10
Ungovernable child.....	13
	<hr/>
Total	66
	<hr/> <hr/>

Age at the time of commitment:

15 years.....	5
16 years.....	6
17 years.....	14
18 years.....	3
19 years.....	6
20 years.....	6
21 years.....	5
22 years.....	6
23 years.....	2
24 years.....	1
25 years.....	4
26 years.....	2
27 years.....	1
28 years.....	2
29 years.....	3
	<hr/>
Total	66
	<hr/> <hr/>

Occupation while on parole:

Domestic (in custody of employer).....	36
Saleswoman (in custody of some member of the family) .	11

Housewife (in custody of husband).....
 Housewife (in custody of father).....
 Factory operative (in custody of parents).....
 Dressmaker (in custody of employer).....
 At industrial school (in custody of parents).....
 Boarded at expense of family (in custody of clergyman).
 Assisted mother at home.....
 Assisted sister at home.....

Respectfully submitted,

KATHARINE BEMENT DAVIS,
Superintendent.

PHYSICIAN'S REPORT.

To the Honorable Board of Managers, State Reformatory for Women, Bedford, N. Y.

LADIES AND GENTLEMEN.—During the year ending September 30, 1905, four operations have been performed in our own hospital and one in the Presbyterian Hospital in New York city. The latter was a case of tubercular peritonitis. Tubercular cases still remain, as last year, our most persistent and fatal ones. During the year 32 bed patients have been admitted to the hospital and have remained with us from two days to three and one-half months. Three cases of insanity have been transferred. Four children have been born. Two of these were so handicapped by heredity that they lived only a few months.

The following cases have been treated:

Accident (major).....	3
Acne	3
Alcoholism	18
Abcesses	5
Blopharitis	3
Catarrh (nasal).....	11
Chorea	2
Clavus	10
Dermatitis venenate.....	3
Endometritis	6
Enteritis	12
Furunculosis	3
Gastralgia	3

Gonorrhœa	17
Goitre	1
Hæmorrhoids	3
Herpes	2
Hordeolum	2
Hysteria	5
Ileo-colitis	2
Impetigo	1
Insanity	3
Interstitial keratitis	1
Labor	4
Menorrhagia	6
Migraine	2
Morphinism	3
Ovaritis	4
Ovariectomy	1
Pharyngitis	2
Rheumatism	6
Syphilis	30
Tonsilitis	10
Tuberculosis (pulmonary)	3
Tuberculosis (abdominal)	1

Respectfully submitted,

MARGARET S. HALLECK,
Resident Physician.

TWELFTH ANNUAL REPORT

OF THE

BOARD OF MANAGERS

OF THE

Western House of Refuge
for Women

AT

ALBION, N. Y.

FOR THE YEAR ENDING SEPTEMBER 30, 1905.

ALBANY
BRANDOW PRINTING COMPANY
STATE LEGISLATIVE PRINTER
1906

OFFICERS.

BOARD OF MANAGERS.

ETTA ELSNER FALKER.....Syracuse, N. Y.
JANE L. ARMSTRONG.....Rochester, N. Y.
JOHN J. HYNES.....Buffalo, N. Y.
ORVILLE H. TAYLOR.....Albion, N. Y.
S. C. WATERMAN.....Oneida, N. Y.
HOWARD A. MAYNARD, M. D.....Medina, N. Y.

OFFICERS.

JOHN J. HYNES.....President
JANE L. ARMSTRONG.....Secretary
ORVILLE H. TAYLOR.....Treasurer
ALICE E. CURTIN.....Superintendent

STATE OF NEW YORK.

No. 28.

IN ASSEMBLY,

JANUARY 31, 1906.

TWELFTH ANNUAL REPORT

OF THE

**Board of Managers of the Western House of Refuge
for Women.**

to the Honorable the Legislature of the State of New York:

The Board of Managers of the Western House of Refuge for Women at Albion herewith respectfully presents its twelfth annual report.

One change in the Board of Managers has occurred during the past year. Dr. Phœbe A. Sprague, who had been a manager for nearly two years, died very suddenly at Albion in November, 1904. The following resolution was adopted at the meeting of the Board of Managers in February, 1905:

‘Mournfully we the members of the Board of Managers of the Western House of Refuge for Women, at Albion, New York, realize that the Ruler of our fates and destinies has summoned

to his side our friend and colleague, Dr. Phœbe A. Sprague. It is our desire to express our sorrow at the loss sustained; therefore, be it

Resolved, That as we shall no more see her face and enjoy her kind greetings, nor have the benefit in our board of the wise counsels of our friend and colleague, we express to the family our sympathy in the loss they have sustained, and be it further

Resolved, That as a token of our respect and sorrow, this memorial be entered upon the minutes of our board and a copy of the same be forwarded to the family."

ETTA ELSNER FALKER,
Chairman.

JANE L. ARMSTRONG,
ORVILLE H. TAYLOR,
JOHN J. HYNES,
S. C. WATERMAN.

On January 3, 1905, Jane L. Armstrong was elected Secretary of the Board of Managers, to fill the vacancy caused by the death of Dr. Sprague.

On February 2, 1905, Dr. Howard A. Maynard of Medina, New York, was appointed by the Governor to fill the place of Dr. Phœbe A. Sprague, deceased, and on March 2, 1905, Dr. Maynard appeared and took his seat for the first time.

The Board of Managers are as follows, with the numbers of meetings each have attended during the past year:

John J. Hynes, President.....	11	meetings
Jane L. Armstrong, Secretary.....	10	"
Orville H. Taylor, Treasurer.....	12	"
Etta Elsner Falker.....	8	"
S. C. Waterman.....	7	"
Dr. Howard A. Maynard.....	5	"

APPROPRIATIONS.

Maintenance	\$43,000 00
Enlargement of the administration building.....	2,500 00
Changing of the old assembly hall into schoolroom, with equipment	500 00
For construction of hospital in connection with re- ception house	10,000 00
Boiler and setting, and extension of boiler-house....	1,600 00
Safe	250 00
Watchman's clock system.....	250 00
Repairs and equipment	1,500 00

IMPROVEMENTS.

The improvements have been quite numerous. Howe and Bassett of Rochester, N. Y., put in bath tubs and lavatories throughout and hot-water tanks at reception house and laundry. Painting has been done in cottage No. 1, and in some parts of the other cottages. A carpet-weaving loom has been installed. Repairs have been made upon the elevator at the reception house, stone fillings were taken from sewer beds and replaced with new coke and sand from the lake shore. A new bridge was built over the creek on the south side of the grounds and a new gate to accommodate contractors. New windows have been arranged in all of the buildings to accommodate the gardener in getting in ice. Cellars have been whitewashed. Three new cases for the display of fancy-work have been made. Rewiring of the interior of all the cottages and administration building.

The contracts have been let for two new cottages and assembly hall, and we hope the buildings will be completed by spring.

The Board desires to record its appreciation of the appropriations made by you last year and approved by Governor Higgins, which will enable the institution to better meet the increasing demands upon it, and commends to you in that connection, the faithful and painstaking work of the State Architect, whose services to the institution have been at all times most efficient and satisfactory.

Respectfully submitted,

O. H. TAYLOR,

President Pro Tem.

JANE L. ARMSTRONG,

Secretary.

ETTA ELSNER FALKER,

HOWARD A. MAYNARD,

THOMAS A. KIRBY.

TREASURER'S REPORT.

For the year ending September 30, 1905.

Receipts.

1904.

Oct.	1. Balance on hand.....	\$809 37
	Received from State Treasurer, general	36,500 00
	Received from State Treasurer, special	5,052 13
	Cash returned on transportation.....	6 00
	Miscellaneous sales	44 76
	Home product, provision consumed..	1,238 75
	Home product, manufactured	967 05
	Total	<u>\$44,618 06</u>

Disbursements.

Ordinary expenditures:

Salaries of officers	\$15,347 17
Expenses of managers	584 00
Provisions	6,764 97
Household stores	1,397 48
Clothing	2,136 08
Fuel and light	5,347 60
Hospital and medical.....	387 24
Shop, farm and garden.....	1,025 44
Ordinary repairs	53 15
Transportation of inmates.....	1,150 24
Miscellaneous	2,209 88
Total	<u>\$36,403 25</u>

Extraordinary expenditures:

Lighting equipment	\$3,076 88
Repairs and equipment	1,863 60
New buildings (two cottages)	111 65
	<hr/>
Total	\$41,455 38
	<hr/> <hr/>

RECAPITULATION.

Ordinary expenditures	\$36,403 25
Extraordinary expenditures	5,052 13
Returned to State Treasurer.....	44 76
Home product, consumed	1,238 75
Home product, manufactured	967 05
Balance in hands of Superintendent.....	200 00
Balance in local bank.....	712 12
	<hr/>
Total	\$44,618 06
	<hr/> <hr/>

Respectfully submitted,

O. H. TAYLOR,

Treasurer.

SUPERINTENDENT'S REPORT.

To the Honorable the Board of Managers:

I hereby submit my fourth annual report, being the twelfth report of the Western House of Refuge for Women.

STATISTICAL TABLES.

TABLE No. 1.

Showing movement of population.

Number in institution October 1, 1904.....	16
Number received during the year.....	11
Number children under one year.....	
Number girls returned from parole.....	
Number of infants born.....	
Number paroled and discharged.....	8
Number released by court	
Number transferred to insane asylum.....	2
Number returned to care of parents on account of dis- turbed brain	1
Number returned to court as feeble-minded.....	1
Number died	4
Number remaining October 1, 1905	205
Total number new commitments.....	630
Total number infants	32

TABLE No. 2.

Showing the number of girls received during the fiscal year and from what courts.

Police Court	69
Justices' Court.	19
Recorders' Court.	13
City Court.	7
County Court.	2
Supreme Court.	2
Special Sessions.	1
	<hr/>
	113
	<hr/>

TABLE No. 3.

Showing for what offense committed.

Assault.	1
Bigamy.	1
Disorderly conduct.	3
Forgery.	1
Frequenting disorderly houses.	7
Immorality.	32
Keeping a disorderly house.	1
Larceny second degree.	2
Larceny, petit.	12
Public intoxication.	5
Vagrancy.	48
	<hr/>
	113
	<hr/>

TABLE NO. 4.

Showing from where received.

Broome.	5
Cattaraugus.	4
Chautauqua.	3
Chemung.	5
Chenango.	1
Erie.	7
Essex.	1
Fulton.	1
Genesee.	1
Jefferson.	5
Monroe.	18
Montgomery.	1
Niaraga.	11
Onondaga.	24
Oneida.	4
Ontario.	1
Otsego.	1
Saratoga.	3
St. Lawrence.	2
Steuben.	6
Tompkins.	2
Tioga.	3
Warren.	3
Wyoming.	1

 113

TABLE No. 5.

Showing occupation of girls received.

Bookbinder.	1
Chambermaid.	1
Concert hall dancer.	2
Factory.	8
Domestic.	46
Housekeeper.	2
Laundress.	2
Mill hand.	4
Milliner.	2
No occupation.	23
Shop.	3
School girls.	1
Tailoress.	4
Tobacco sorter.	1
Waitress.	12
On the stage (actress)	1
Total.	<u>113</u>

TABLE No. 6.

Showing ages of girls received.

Fifteen years	6	90
Sixteen years	18	288
Seventeen years	16	272
Eighteen years	20	360
Nineteen years	21	399
Twenty years	10	200
Twenty-one years	9	189

Twenty-two years	5	1
Twenty-three years	2	
Twenty-four years	3	
Twenty-five years	2	
Twenty-seven years	1	
	<hr/>	
	113	2,1
	<hr/>	
Average age	18	
	<hr/>	

TABLE No. 7.

Showing religious denominations.

Protestant	1
Catholic	2
Jewess	
	<hr/>
Total	1
	<hr/>

TABLE No. 8.

Showing social relations.

Unmarried	1
Married	2
Mothers	1
	<hr/>

TABLE No. 9.

Showing nationalities of girls.

United States	1
Canada	
England	
Italy	

Scotland	1
Poland	1
Germany	2
Unknown	1
	<hr/>
	113
	<hr/>

TABLE NO. 10.

Showing nationality of parents.

United States	142
Canada	20
England	2
France	2
Germany	19
Italy	2
Ireland	9
Poland	2
Scotland	3
Sweden	2
Switzerland	2
Wales	1
Unknown	20
	<hr/>
Total	226
	<hr/>

The establishment of the first reformatory for women was the result of a report presented to the Legislature in January, 1877, by a committee from the State Board of Charities. This report gave in detail the number of girls over sixteen years of age who were arrested as vagrants or found guilty of a misdemeanor and committed to the care of county almshouses. Remaining here for a time, on their release they would invariably seek their old

saunts, rearrest and recommitment being sure to follow. The records show the fate of such women to be one of repeated discharges and returns, one case cited extending over a period of thirty-three years. It seemed therefore proper that the State provide some place where young women could be given not only custodial care but protection from degradation and in turn be prevented from degrading others. The committee thus stated their views: "There are two distinct objects to be aimed at in dealing with these women—to reform them if possible, but if that cannot be done, at least to cut off the line of hereditary pauperism, crime and insanity now mainly transmitted through them. Neither of these objects can be attained while this class of women is left under the care of county authorities, whose action is necessarily, from the constant change of individual officers, spasmodic and uncertain. In order to grapple with this evil, a reformatory for women under the management of women is needed. We therefore strongly urge the passage of a bill providing for the selection of a site and the adoption of plans for such an institution." This law was passed in 1881 and 1887 saw the establishment of a House of Refuge for Women at Hudson. The delay was due to the fact that the Legislature did not appreciate that the aim of the committee was to secure not a place of punishment in proportion to the crime, but rather a school where young girls could be instructed in all branches of industry that would make them self-supporting, and those interested in the bill wisely considered this object could not be attained in much less than two years. The surprise was therefore great when the law received its final sanction, to find that the time of detention was placed at five years and the age limit from 15 to 40 years. The law was soon changed to read from 15 to 30 years, but it was not until June

1899, that the three-year law became effective. In 1890 an act "To provide for the establishment of a House of Refuge for Women in Western New York" was passed, it being considered proper to divide the State into at least two sections, as magistrates objected, among other things, to sending girls so far away from their own homes and families, partly too on account of the necessarily large traveling expenses. Later came the establishment of the Bedford institution and finally the change in laws governing institutions by which the first of these reformatories was converted into the New York State Training School for Girls. This divides the State for older women between Albion and Bedford.

Very much has been done for the reformation of the young, in the years intervening between 1877 and the present day. In localities where the laws are enforced, children are not allowed to roam at large late at night. Wise laws give them a longer period of schooling and their absence is noted in the factory and workshop. Everywhere juvenile courts are being established, where the very young girl and the boy at a mature age are placed in the care of a probation officer and for the epileptic and feeble minded institutions have risen up and are being conducted under the most perfect management. During the last year even the hitherto irresponsible parent has been made to feel that he must perform his part in the bringing up of his child, or share with him, the censure consequent upon his failure. In the case of reformatories much more might be accomplished if judges and other dispensers of the law would cooperate with the managers of these institutions, agree upon some line of conduct and adhere to it. That many of them fail to do so is evidenced by the class of girls committed to our care. This may be attributed to many causes, pos-

sibly the principal one being the fact that while such places are known to have existence, but little is understood of the real life therein. A newly elected magistrate, just entering upon his career, finds himself confronted with many important questions, not the least of these being the proper manner in which to dispose of the women truants and drunkards, misdemeanants and felons brought before him. If he is a conscientious man, he takes care to inform himself of the various institutions in his district, either by a visit to them or through a source known to be reliable. Let us suppose for example that he visits the Western House of Refuge for Women, at Albion. Almost his first word is one of praise for the general beauty of the enclosure, the well-kept lawns and gardens, the cleanliness of every part. "But," he exclaims—and here is the old stumbling block—"Even here a few months of confinement is punishment enough." Will the public never understand that the word punishment is eliminated from our vocabulary, that the whole aim is to reform and not to punish? but to resume: The number of girls committed to us who from the first are capable of benefiting by the advantages offered here, is very small. The average girl must be cared for physically and it is an indisputed fact that the mental condition is largely governed by the physical health. If this be true of the average person, what must be said of a girl who has led a life of dissipation for many months? Then the manner of receiving a girl is explained, first a bath, her own clothing exchanged for that of the State. If her garments are worth it, they are carefully cleaned and put away; if not, as is frequently the case, they are destroyed. After an examination by the physician, the superintendent takes her history and she is assigned to her place either

in a cottage, a rare occurrence, or in the reception cottage until such a time as she is mentally and physically capable of receiving instruction other than that given in this building. The average time is about four months, when her lesson of self-control is well begun. The particular cottage to which she is assigned depends upon her general character, more than on the seriousness of her commitment, for during her time at the reception cottage much has been learned either for or against her, both from observation and through her correspondence with friends, and now the real education begins. There are the laundry and kitchen departments, the school and physical culture exercises, the model sewing class and the dressmaking department, the embroidery, basketry and other fancy work, the amusements, the recreation, looking toward home or at least toward parole, and all this under discipline as firm and unrelenting as it is kind and considerate—few rules and these rigidly enforced. Every girl is expected to spend at least three months in each of the different departments, at the same time taking advantage of either the morning or afternoon session of school. The classes are arranged so that from the first a girl who can neither read nor write, and we had seven of these cases last year, begins her instruction in the reception cottage, so that when she reaches a cottage and attends the regular school, she has made at least a little progress. The number in the reception school averages fifteen. The number in the morning session is forty-six, ranging from the first to the fifth grades. These two classes are in session from nine to twelve. The afternoon session, consisting of two grades and forty-six pupils, assembles from 1.30 to 4 o'clock. The branches taught are those of the public school course. Monthly tests are given and these tests form the basis for promotion.

Each session begins with exercises in physical culture, followed by about twenty minutes devoted to music, and on Friday afternoon a general rehearsal is given to the whole institution. Nothing is so helpful in the work of the institution as that of the school. The attendance is regular, the interest is deep and earnest and the work turned out is most creditable to teachers and pupils.

The model sewing class numbers about twenty-five and the course takes three months. From this department the girls are passed along to the dressmaking department, where they are able to do good work by reason of the instruction received in the model class.

For the last three years a great deal has been done in the line of gardening. The lawns have always been cared for by the girls, but gradually the gardens have been extended until they now furnish a large proportion of the vegetables for each family, consisting of twenty-two, during the summer. Flower gardens adorn the lawns in every direction, and these have as great a tendency to raise the moral tone of the inmates as any feature of the work.

In each cottage the life is as near as possible like to that of a home. The household assembles in the morning for prayers. After prayers each one has her allotted task. There are the girls for the kitchen, for the dining-room, those who make the beds and care for the private rooms and corridors, those in charge of the mending and sewing for the individual family. About half the number go out, either to the school, model sewing or dressmaking departments. When they return their dinner is prepared and in the afternoon they do the work of the house, while the remaining number take their places in the various departments. At four o'clock there is general recreation, at which time the girls exercise on the lawns. This exercise is not taken in any regular

way, but according to each one's taste. Games of all kinds are provided, croquet, basket ball, tether ball, lawn tennis and base ball, and no one could be present at the general enjoyment and think otherwise of it, than that it represents a happy, schoolgirl life. In the evening all assemble in their respective sitting-rooms and at least an hour is spent in pleasant conversation or reading, some with fancy work, others with their school books, and at eight o'clock, the work being put away, evening prayers are followed by pleasant goodnights.

A considerable part of Sunday is spent in religious instruction. After the necessary work is out of the way, the girls prepare for their Sunday school, which is held from 10 to 11:30. Then comes the preparation for dinner and at three o'clock the girls repair to the assembly room, where services are conducted by the ministers from town, each in his turn. The service for the Catholic girls is necessarily held on Monday morning, there being but one Catholic clergyman in the village.

An official taking pains to inform himself of the course pursued at this institution could not make a mistake in the class of girls he would commit here. He would understand that no institution could be to a young girl, say of eleven years, what her own home would be even though the conditions there should not be altogether desirable. On the other hand, he would appreciate that a second offense would show a downward tendency in the culprit and the need of temporary restraint necessary to keep the girl within the bounds of decency. He would realize possibly that she would not become more self-governing on being allowed her freedom, but rather less so and that the restraint with which the world surrounds her in the institution is absolutely necessary if she is to be saved from a life of total depravity. Where one

magistrate acts in this manner, many others simply send their young culprits to the penitentiary for a few days. Many others after repeated discharges, during which time the girl is not improving, send them to the penitentiary for a few days, with an additional fine, which is in itself a barrier in the way of reform, finally committing to the reformatories, those for whom the State or county has no place, the mentally weak, the epileptic, the habitual drunkard with a record of several times in the penitentiary, and thus the theory of classification is upset.

The parole work of the institution has always been cared for by the ladies acting as marshals. The number heretofore has been so small that it has not been difficult, until this last year, when we received 113 girls as against 70 of the year before, and a correspondingly large number was sent out. We are now about to fill the position of parole officer and hope to be able to do much more in this most important line of work.

That we have been able to care for the largely increased number of girls committed to us this past year, without detriment to the discipline, and with the addition of but one to the working force, is a marvel even to ourselves.

The summer was pleasantly spent and every brick that is being placed on the new buildings speaks to us of hope for the future. We feel most grateful for the two additional cottages granted us, each with a capacity of 26, and for the two-room building, one exclusively for chapel service and the other in which we can carry on a better system of gymnastic exercises. We are satisfied to endure the inconvenience of the hour, knowing what the future is to bring to us.

To the managers who have been helpful and encouraging in the work of the institution and to the various commissions, who have always been kind and courteous, I desire to express my most grateful thanks.

Respectfully submitted,

ALICE E. CURTIN,
Superintendent.

PHYSICIAN'S REPORT.

To the Honorable the Board of Managers:

I have the honor to present the twelfth annual report of the medical work of the Western House of Refuge for Women.

Although there has been no epidemic or prevalence of contagious disease, still there has been the usual amount of illness. Seven children have been born in the institution during the year. There have been four deaths.

The Refuge was opened twelve years ago. During the first ten years there was but one death; that one a fatal case when received. For the past two years the death rate has increased, not from any unhealthy element connected with the place or its surroundings, but from the fact that it is becoming quite common to commit to the Refuge chronic invalids, or those with incurable diseases, such as cancer and consumption, and those nearing the end of a reckless and dissolute life, subjects fit only for the county poorhouse and county hospitals. These when received are often so exhausted from their journey, that they cannot be returned whence they came. Here, they are a tax on the health and strength of officers and inmates, as they must be cared for and waited upon night and day, till death relieves them from suffering. Two attendants for the day, two others for the night and a presiding officer are always required.

I would call your attention to the increasing number of obstetrical cases. The main object of commitment is, too often,

evidently the avoidance of shame or expense, or both, to the relatives. Upon the complaint of any interested person, not only an unmarried girl, but a young married woman, can be committed to this institution, assured of the best care and attention during her confinement, light work and maintenance for herself and child during two or three years, with no expense to herself or friends. When, as sometimes happens, an unmarried girl is sent here to be cared for during her third confinement, the idea of reform must be eliminated. From any point of view, the presence of this class, with its attendant train of evils, is deplorable. During the whole time of these girls' stay, they must be differently treated from other inmates. They cannot come under the rules. They cannot do the same kind or amount of work; they must often, of necessity, have other food and many favors, causing jealousy and ill-feeling. No matter how cantankerous they may be, the child shields them from discipline. One such case is enough to demoralize a whole cottage. It is a question whether the benefit received by the girl is not outweighed by the injury to the innocent child. Coming into life already burdened, it is cursed with the stigma of its birth in a prison. These things ought not to be. The place was not intended for a charity hospital or a lying-in-asylum.

The following named diseases have been treated:

Abscess, acute, cold, glandular, labial pelvic; acne; adenitis, acute, chronic; alcoholism; alopecia; amenorrhœa; anaemia; angina pectoris; anthrax; asthma; biliousness; bowels, obstruction of; bronchitis; bubo; bunion; cancer; catarrh, gastric, nasal; colic; coma; congestion of lungs, of kidneys; constipation; consumption; chorea; corns; coryza; cystitis;

chancre; chancroid; chilblains; cholera morbus; conjunctivitis; cough; child-crowing; dyspepsia; dysentery; dysmenorrhoea; earache; eczema; enteritis; enurises nocturns; epilepsy; epistaxis; erysipelas; fever, bilious, malarial, rheumatic, simple continued, ephemeral; foreign body in eye; furuncle; gall stones; gastritis; goitre; gonorrhoea; hemorrhage, uterine, gastric, internal, lungs; hemorrhoids; hernia; housemaid's knee; heart disease, valvular; headache; hives; hysteria; indigestion; influenza; ingrowing toenail; insomnia; itch; jaundice; laryngitis; liver, inflammation; lumbago; malaria; mania, acute, chronic; migraine; neuralgia; neuritis; nipples, inflammation; opium habit; onychia; ophthalmia neonatorum; otitis; otorrhea; overitis; ozena; peritonitis; pleurisy; pleurodynia; parturition; pneumonia; quinsy; rheumatism; ring worm; ranula; scalds; sciatica; sprains; spinal curvature; syphilis, primary, secondary, tertiary; tremor; tumors, benign, malignant; ulcers; urticaria; vaccination; vaginitis; varicose veins; Whitlow; worms; wounds, contused, incised, lacerated, punctured.

Respectfully submitted,

HARRIET N. WATSON,

Physician.

CHAPTER 632, LAWS OF 1889.

An act to amend chapter five hundred and forty-six of the Laws eighteen hundred and ninety-six, entitled "An act relating to state charities, constituting chapter twenty-six of the general laws," relating to commitments to houses of refuge and reformatories for women.

Became a law, May 23, 1899, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section one hundred and forty-six of chapter five hundred and forty-six of the Laws of eighteen hundred and ninety-six, is hereby amended so as to read as follows:

§ 146. Commitments; papers furnished by the committing magistrates.

Subdivision 1. A female between the ages of fifteen and thirty years, convicted by any magistrate, of petit larceny, habitual drunkenness, of being a common prostitute, of frequenting disorderly houses or houses of prostitution, or of a misdemeanor and who is not insane, nor mentally or physically incapable of being substantially benefited by the discipline of either of such institutions, may be sentenced and committed to the House of Refuge for Women at Hudson, N. Y., or to the Western House of Refuge for Women, at Albion, or to the New York State Reformatory at Bedford. The term of such sentence and commitment shall be three years, but such female may be sooner discharged therefrom by the board of managers. Such commitments to the House of Refuge for Women at Hudson, until the New York State Reformatory for Women at Bedford is completed and ready for the reception of inmates, shall be from the first, second, third, fourth and fifth judicial districts, and the counties of Delaware and Otsego; to the Western house of Refuge for Women at Albion from the other counties in the sixth and from the seventh and

ghth judicial districts. On completion of the New York State reformatory for Women at Bedford, commitments shall thereto be made from the first judicial district and the counties of Kings, Queens, Nassau, Suffolk, Richmond and Westchester.

2. The board of managers of each institution shall furnish the several county clerks of the state with suitable blanks for the commitment of women thereto. Such county clerks shall immediately notify the magistrates of their respective counties of the reception of such blanks, and that upon application they will be furnished them.

3. The magistrate committing a female pursuant to this section shall immediately notify the superintendent of the institution to which the commitment is made, of the conviction of such female, and shall cause a record to be kept of the name, age, birthplace, occupation, previous commitments, if any, and for what offenses; the last place of residence of such female, and the particulars of the offense for which she is committed. A copy of such record shall be transmitted, with the warrant of commitment, to the superintendent of such institution, who shall cause the facts stated therein, and such other facts as may be directed by the board of managers, to be entered in a book of records.

4. Such magistrates shall, before committing any such female, inquire into and determine the age of such female at the time of commitment, and her age as so determined, shall be stated in the warrant. The statement of age of such female in such warrant shall be conclusive evidence as to age, in any action to recover damages for her retention or imprisonment under such warrant, and shall be presumptive evidence thereof in any other inquiry or proceeding relating to such detention or imprisonment.

§ 147. Return of female improperly committed.—Whenever it shall appear to the satisfaction of the board of managers of any such institution that any person committed thereto is not of the proper age to be committed, or is not properly committed or is insane or mentally incapable of being materially benefited by the discipline of such institution, such board of managers shall cause the return of such female to the county from which she was committed. Such female shall be so returned in the custody of one of the persons employed by such board of managers to convey

to such institution women committed thereto, who shall deliver her into the custody of the sheriff of the county from which she was committed. Such sheriff shall take such female before the magistrate making the commitment, or some other magistrate having equal jurisdiction in such county, to be by such magistrate resented for the offense for which she was committed to such institution, and dealt with in all respects as though she has not been committed. The costs and expenses of the return of such female necessarily incurred and paid by such board of managers shall be a charge against the county from which such female was committed, and to be paid by such county to such board of managers in the same manner as other charges are collected.

§ 148. Disposition of children of women so committed.—If any woman committed to such institution at any time of such commitment is a mother of a nursing child in her care under one year of age, or is pregnant with child which shall be born after such commitment, such child may accompany its mother to and remain in such institution until it is two years of age, and must then be removed therefrom. The board of managers of such institution may cause such child to be placed in any asylum for children in this State, and pay for the care and maintenance of such child therein at a rate not to exceed two and one-half dollars a week, until the mother of such child shall have been discharged from such institution, or may commit such child to the care and custody of some relative or proper person willing to assume such care. If such woman at the time of such commitment shall be the mother of or have under her exclusive care a child more than one year of age, which might otherwise be left without proper care or guardianship, the magistrate committing such woman shall cause such child to be committed to such asylum as may be provided by law for such purposes, or to the care and custody of some relative or proper person willing to assume such care.

§ 149. Conveyance of women committed.—The board of managers of such institution shall employ suitable persons to be known as marshals to convey from place of conviction to such institution all women legally committed thereto, and such marshals shall have the power and authority of deputy sheriffs in respect thereto. All expenses necessarily incurred in making

such conveyance shall be paid by the treasurer of the board of managers. In case of the commitment of a woman who, at the time thereof is the mother of a nursing child or is pregnant, the board of managers shall designate a woman of suitable age and character to accompany the person committed, along with the officer or representative authorized in this section to be employed by such managers.

§ 150. Detentions and rearrests in cases of escape.—The board of managers of such institution may detain therein, under the rules and regulations adopted by them any female legally committed thereto, according to the terms of the sentence and commitment, and conditionally discharge such female at any time prior to the expiration of the term of commitment. If any inmate escape or be conditionally discharged from such institution the board of managers may cause her to be rearrested and returned to such institution, to be detained therein for the unexpired portion of her term dating from the time of her escape or conditional discharge. A person employed by the board of managers of such institution to convey to such institution women committed thereto and shall provide for their necessary custody in any county in this state and shall forthwith convey her to the institution from which she escaped; and a magistrate may cause an escaped inmate to be arrested and held in custody until she can be removed to such institution, as in the case of her first commitment thereto. A person conditionally discharged from such institution may be arrested and returned thereto upon warrant issued by its president and secretary. Such warrant shall briefly state the reason for such arrest and return, and shall be directed and delivered to a person employed by such board of managers to convey to such institution women committed, and may be executed by such person in any county of this state.

§ 151. Employment of inmates.—The board of managers of such institution shall determine the kind of employment for women committed thereto and shall provide for their necessary custody and superintendence. The provisions for the safe-keeping and employment of such women shall be made for the purpose of teaching such women a useful trade or profession and improving their mental and moral condition. To secure the safe-keeping, obedience and good order of the women committed to any such

institution, the superintendent thereto has the same power as to such women, as keepers of jails and penitentiaries possess as to persons committed to their custody.

§ 2. This act shall take effect immediately.

CHAPTER 453, LAWS OF 1904.

An act to amend the state charities law by providing for the establishment of the New York State Training School for Girls, and the commitment thereto of girls not over the age of sixteen years.

Became a law April 28, 1904, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 140. Names and locations of house of refuge and reformatory for women.—The house of correction for women located at Albion is continued and shall be known as the Western House of Refuge for Women. The reformatory for women located at Bedford is also continued and shall be known as the New York State Reformatory for Women. The house of refuge for women at Hudson shall be continued as the New York State Training School for Girls, as provided in article eight of the state charities law. No female over the age of sixteen years shall be committed to the New York State Training School for Girls after June first, nineteen hundred and four. All inmates of the House of Refuge for Women at Hudson on June first, nineteen hundred and four, unless transferred therefrom pursuant to the provisions of law, shall be subject to the custody and control of the board of managers of such institution, according to the provisions of law under which they were committed thereto.

§ 146. Commitments; papers furnished by committing magistrate.

Subdivision 1. A female between the ages of fifteen and thirty years, convicted by any court or magistrate of petit larceny, vagrancy under subdivision three or four of section eight hundred and eighty-seven of the code of criminal procedure, habitual drunkenness, of being a common prostitute, or frequenting disorderly houses or houses of prostitution, or of a misdemeanor, and who is not insane, nor mentally or physically incapable of

being substantially benefited by the discipline of either of such institutions, may be sentenced and committed to the Western House of Refuge for Women at Albion or the New York State Reformatory for Women at Bedford, to be there confined under the provisions of law relating to such institution. Such commitments shall not be for a definite term, but any such female may be paroled or discharged at any time after her commitment by the board of managers of such institution, but shall not in any case be detained longer than three years. Such commitments to the Western House of Refuge for Women at Albion, shall be from the fourth, fifth, sixth, seventh and eighth judicial districts to the New York State Reformatory for Women at Bedford, from the first, second and third judicial districts.

Subdivision 3. Nothing in this act contained shall affect any of the provisions of chapter two hundred and fifty-two of the laws of nineteen hundred and two and the laws amendatory thereof, nor any of the provisions of chapter four hundred and thirteen of the laws of eighteen hundred and ninety-seven and the laws amendatory thereof.

Subdivision 4. This act shall take effect on June first, nineteen hundred and four.

§ 147-a. Transfers to other institutions.—If at any time there shall be more inmates in any one of such institutions than can be properly cared for therein, the board of managers shall so inform the state board of charities. The state board of charities may thereupon authorize and direct the transfer of such excess, or any part of such excess of inmates to such one of the other houses of refuge or state reformatories as the state board of charities may designate. The said board of managers shall thereupon transfer to such other institution such number of inmates, preferably those last received by such institution. Such transfers shall be made as follows: The board of managers shall advise the superintendent of the institution so designated of the number to be so transferred and this officer shall cause them to be taken to such institution and receive and keep them according to their sentences respectively, the same as if they had been originally sentenced thereto. With the inmates so transferred there shall be furnished certified copies of their sentences and commitments.

§ 3. This act shall take effect immediately.



STATE OF NEW YORK

State Commission in Lunacy

SEVENTEENTH ANNUAL REPORT

October 1, 1904, to September 30, 1905

WILLIAM MABON, M. D., <i>President</i>	} <i>Commissioners</i>
DANIEL N. LOCKWOOD	
WILLIAM L. PARKHURST	
T. E. McGARR, <i>Secretary</i>	

TRANSMITTED TO THE LEGISLATURE JANUARY 31, 1906

ALBANY
BRANDOW PRINTING COMPANY
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1906

STATE OF NEW YORK

No. 29

IN ASSEMBLY,

JANUARY 31, 1906

STATE COMMISSION IN LUNACY

SEVENTEENTH ANNUAL REPORT

STATE OF NEW YORK

STATE COMMISSION IN LUNACY

ALBANY, *January* 31, 1906

To the Speaker of the Assembly

By direction of the Commission I have the honor to transmit herewith the annual report of the State Commission in Lunacy for the year beginning October 1, 1904, and ending September 30, 1905

T. E. McGARR

Secretary

STATE OF NEW YORK

STATE COMMISSION IN LUNACY

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SEVENTEENTH ANNUAL REPORT

ALBANY, *January* 31, 1906

To the Legislature

In compliance with section 9 of chapter 545 of the Laws of 1896, constituting chapter 28 of the general laws, which requires that "the Commission shall annually report to the Legislature its acts and proceedings for the year ending September thirtieth last preceding, with such facts in regard to the management of the institutions for the insane as it may deem necessary for the information of the Legislature, including estimates of the amounts required for the use of the State hospitals and the reasons therefor, and also the annual reports made to the Commission by the superintendent of each State hospital and by the State Charities Aid Association," the State Commission in Lunacy herewith presents its seventeenth annual report, covering the fiscal year beginning October 1, 1904, and ending September 30, 1905.

WILLIAM MABON, M. D.	} <i>Commissioners</i>
DANIEL N. LOCKWOOD	
WILLIAM L. PARKHURST	

REPORT

GENERAL OPERATIONS

The whole number of committed insane in the public and private hospitals of the State on September 30, 1905, was 27,406. The whole number of insane in the State hospitals including the inmates of the Matteawan and Dannemora hospitals for insane criminals, (903 patients) on September 30, 1905, was 26,421. The whole number of insane in licensed private institutions was 985. The net increase for the year in all institutions was 545; in the State hospitals, including the criminal asylums, 558; excluding the latter institutions, 499; decrease in the licensed private institutions, 13.

RECEIPTS AND DISBURSEMENTS

RECEIPTS

The receipts from all sources for the support of the State hospital system, the State Commission in Lunacy and the Pathological Institute for the fiscal year ending September 30, 1905, were:

1 Receipts from State treasury for maintenance, including balances from 1904, (annual appropriation bill)	\$4,361,783 87
2 Receipts from State treasury for maintenance (supply bill items for deficiency in salaries, wages and supplies accounts)	451,230 94
3 Receipts from State treasury for maintenance (reappropriation of moneys received for board of patients at the State hospitals during 1904-5)	265,000 00
4 Receipts for maintenance from sales of old material, etc., at the State hospitals	22,463 13
5 Receipts from State treasury for new buildings and improvements of State hospitals	994,031 00
6 Receipts from State treasury for maintenance of State Commission in Lunacy and Pathological Institute, including balances from 1904	124,757 14
Total receipts	<hr/> <hr/> \$6,219,266 08

DISBURSEMENTS

The expenditures for the same period were:

1	Cost of maintenance, including officers salaries, employees' wages, clothing, food, ordinary repairs and all incidental expenses comprising "fixed charges" of the hospitals (\$181.70 per capita).....	\$4,593,477 63
2	Expenditures on account of new buildings to be occupied by patients and employees.....	344,710 58
3	Expenditures for new buildings other than those occupied by patients and employees.....	279,254 97
4	Expenditures for extraordinary repairs, renewals and improvements and furniture, not included in fixed charges or maintenance.....	214,534 95
5	Expenditures for maintenance of the Commission, medical inspector, the Pathological Institute, board of alienists, deportation of aliens and nonresidents, salaries and expenses of special agents, etc	113,266 56
6	Expenditures on account of site and plans for new hospital in northern New York	565 59
	Total expenditures.....	<u>\$5,545,810 28</u>

MOVEMENT OF PATIENT POPULATION

The daily average number of patients in the State hospitals during the fiscal year was 25,280. The whole number of admissions, including transfers from one institution to another, was 6,564. The whole number of original admissions from homes, etc., was 5,346. The whole number discharged, including transfers to other institutions but excluding deaths was 6,065. The whole number of deaths was 2,017.

The condition of patients discharged was as follows:

Recovered, 1,442; discharged in an improved condition and to the care of friends, 1,257; as unimproved, 1,278; not insane, 71.

In the last report of the Commission the Legislature was requested to provide appropriations to meet deficiencies, actual and anticipated, under various heads for the years ending September 30, 1904, and September 30, 1905, amounting to \$451,230.94. The appropriations were made and owing to an unexpectedly small net addition to

the total number of patients requiring maintenance the Commission closed the year 1905 with a considerable balance on "supplies" account. The Commission presents in a subsequent portion of this report suggestions as to the most advantageous application of this balance.

Two summaries of State hospital maintenance disbursements during the year are here inserted in detail, the first showing gross and per capita cost of all maintenance items for the six months period, October 1, 1904, to April 1, 1905; the second showing expenditures similarly arranged for the entire fiscal year. The disproportionate disbursement for the first six months period is due, as will be noted, to purchase of coal, winter clothing, etc.

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS

Statement showing six months' weekly and daily per capita cost for fixed charges or maintenance of State hospitals for the six months beginning October 1, 1904, and ending March 31, 1905

Daily average number of patients, 25,127. Six months per capita, \$99.02

CLASSIFICATION	Total expenditures	Six months per capita	Monthly per capita	Weekly per capita	Daily per capita
1 Officers' salaries.....	\$124,270 42	\$4.95	\$0.825	\$0.1904	\$0.0272
2 Employees' wages:					
Administration department.....	49,705 42	\$1.98	\$0.33	\$0.0762	\$0.0109
Financial department.....	30,075 28	1.20	.20	.0462	.0066
Ward service.....	450,711 71	17.94	2.99	.69	.0986
Domestic service.....	16,003 33	.64	.107	.0346	.0035
Kitchen service.....	47,555 62	1.89	.315	.0777	.0104
Bakery service.....	8,435 99	.34	.057	.0131	.0019
Meat cutters.....	5,783 11	.23	.038	.0088	.0012
Laundry service.....	23,435 26	.93	.155	.0358	.0051
Engineers' department.....	91,272 61	3.63	.605	.1396	.0199
Building department.....	40,711 92	1.62	.27	.0623	.0089
Industrial department.....	25,937 69	1.03	.172	.0396	.0056
Farm and grounds department.....	38,262 24	1.52	.253	.0585	.0084
Railway department.....	853 55	.03	.005	.0011	.0002
New York city office, Manhattan State Hospital and steamboat department and purchasing steward.....	9,242 22	.37	.061	.0140	.002
	837,985 95	\$33.35	\$5.558	\$1.2827	\$0.1832
3 Provisions and stores:					
Farinaceous foods.....	\$129,283 34	\$5.15	\$0.858	\$0.1921	\$0.0283
Yeast.....	2,250 95	.09	.015	.0035	.0005
Fresh meats.....	146,372 42	5.83	.972	.2242	.032
Poultry.....	10,831 06	.43	.072	.0165	.0024
Salt and smoked meats.....	24,837 36	.99	.165	.0381	.0064
Fresh fish.....	24,577 57	.98	.163	.0377	.0053
Salt fish.....	10,024 81	.40	.067	.0154	.0022
Fresh vegetables.....	24,075 50	.96	.16	.0369	.0053
Canned vegetables.....	8,656 86	.34	.057	.0131	.0019
Fresh fruits.....	\$5,691 44	\$0.23	.038	.0088	\$0.0012
Dried fruits.....	8,150 62	.32	.053	.0728	.0018
Preserves and jellies.....	1,595 63	.06	.01	.0023	.0003

STATE COMMISSION IN LUNACY

7

	\$0.00	\$1.31	\$0.1486	\$0.1486
Entry produce				
Wet groceries	\$0.33	\$0.055	\$0.0127	\$0.0018
Dry groceries	2.43	.406	.0035	.0134
Condiments	.04	.007	.0015	.0002
Total food supplies	\$27.84	\$4.007	\$1.0631	\$0.1519
Water and ice	\$0.33	\$0.055	\$0.0127	\$0.0018
Laundry supplies	\$0.26	\$0.047	\$0.0108	\$0.0015
	\$0.18	\$0.03	\$0.0069	\$0.001
	.20	.033	.0077	.0011
	.03	.006	.0012	.0002
	.03	.005	.0012	.0002
	.60	.10	.0231	.0033
	.14	.023	.0054	.0008
Commutation	\$1.21	\$0.202	\$0.0465	\$0.0066
	\$30.84	\$5.107	\$1.1785	\$0.1684
4 Ordinary repairs				
Engineers' department	\$0.89	\$0.148	\$0.0342	\$0.0049
Carpenters' department	.29	.048	.0112	.0016
Painting department	.36	.06	.0138	.002
Masons' department	.07	.012	.0027	.0004
Electrical department	.15	.025	.0058	.0008
Tinsmiths' department	.13	.022	.005	.0007
Railway department	.02	.003	.0008	.0001
	\$1.91	\$0.318	\$0.0735	\$0.0105
5 Farm and grounds				
Farm feed	\$1.10	\$0.183	\$0.0423	\$0.006
Wagons, sleighs and harness	.18	.03	.0069	.001
Farm and garden implements	.05	.006	.0019	.0003
Lawns, roads and grounds	.06	.01	.0023	.0003
Farm supplies	.55	.092	.0212	.003
Horticultural supplies	.05	.008	.0019	.0003
Stable maintenance	.16	.027	.0062	.0008
Live stock	.07	.012	.0037	.0004
Rentals	.01	.002	.0004	.0001
	\$2.23	\$0.372	\$0.0122	\$0.0122
6 Clothing	\$3.75	\$0.625		\$0.0206
	\$5,936.88			
	\$94,326.15			
	\$769,851.95			
	48,017.06			

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS—(Concluded)

CLASSIFICATION	Total expenditures		Six months per capita	Monthly per capita	Weekly per capita	Daily per capita
7 Furniture and bedding:						
Furniture.....	\$22,916 07		\$0.91	\$0.152	\$0.035	\$0.005
Bedding.....	44,802 52		1.78	.297	.0685	.0098
Window furniture.....	1,716 28		.07	.012	.0027	.0004
Table linen.....	9,258 01		.37	.061	.0142	.002
		\$78,692 88	\$3.13	\$0.522	\$0.1204	\$0.0172
8 Books and stationery:						
Stationery supplies.....	\$11,607 21		\$0.46	\$0.077	\$0.0177	\$0.0025
Books.....	1,127 79		.05	.008	.0019	.0003
Periodicals.....	1,332 83		.05	.008	.0019	.0003
Purchasing steward.....	749 23		.03	.005	.0012	.0002
		14,817 06	\$0.59	\$0.098	\$0.0227	\$0.0032
9 Fuel and light.....	\$366,588 32	366,588 32	\$14.59	\$2.433	\$0.5612	\$0.0802
10 Medical supplies:						
Medicines.....	\$7,885 41		\$0.32	\$0.053	\$0.0123	\$0.0017
Medical and surgical supplies.....	5,737 21		.23	.038	.0088	.0013
Laboratory supplies.....	599 12		.02	.003	.0008	.0001
		14,221 74	\$0.57	\$0.095	\$0.0219	\$0.0031
11 Miscellaneous:						
Traveling expenses.....	\$3,733 92		\$0.15	\$0.025	\$0.0058	\$0.0008
Entertainment of patients.....	15,452 94		.61	.102	.0235	.0034
Supply transportation.....	15,769 06		.63	.105	.0242	.0035
Messages.....	4,228 99		.17	.028	.0065	.0009
Miscellaneous.....	31,195 89		1.24	.207	.0477	.0068
Purchasing steward.....	1,314 58		.05	.008	.0019	.0003
		71,695 38	\$2.85	\$0.475	\$0.1096	\$0.0157
12 Transportation of patients.....	\$11,690 88	11,690 88	\$0.46	\$0.077	\$0.0177	\$0.0025
Grand total.....		\$2,488,094 67	\$99.02	\$16.503	\$3.8085	\$0.5441

By THE COMMISSION,
ALBANY. June 14. 1905

T. E. MCGARR

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COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS

Statement showing yearly, weekly and daily per capita cost for fixed charges or maintenance of State hospitals for the year beginning October 1, 1904, and ending September 30, 1905

Daily average number of patients, 25,280. Yearly per capita, \$181.70

CLASSIFICATION	Total expenditures	Yearly per capita	Monthly per capita	Weekly per capita	Daily per capita
1	\$249,181 64	\$9 86	\$0 822	\$0 1898	\$0 027
2	99,878 54	\$3 95	\$0 329	\$0 076	\$0 0108
	59,509 47	2 35	1 96	0452	0064
	906,885 15	35 87	2 989	6899	0983
	32,292 60	1 28	1 07	0246	0035
	95,606 81	3 78	3 15	0727	0104
	16,861 75	.67	.56	0129	0018
	11,551 43	.46	.38	0089	0013
	46,720 58	1 85	1 54	0356	0051
	179,064 36	7 08	59	1362	0194
	81,617 97	3 23	2 69	0621	0088
	51,639 89	2 04	1 7	0392	0056
	77,344 78	3 06	2 55	0588	0084
	1,723 10	.07	.008	0013	0002
State Hos- t and pur-	18,828 08	.74	.062	.0142	.002
	1,679,524 51	\$66 43	\$5 536	\$1 2775	\$0 182
3 Provisions and stores:					
Farinaceous foods	\$234,930 71	\$9 29	\$0 774	\$0 1787	.0255
Yeast	4,447 48	18	.015	.0035	.0005
Fresh meats	304,146 21	12.03	1.003	.2313	.033
Poultry	12,416 98	.49	.041	.0094	.0013
Salt and smoked meats	47,537 31	1 84	.157	0361	.0052
Fresh fish	47,011 32	1 86	.155	.0358	.0051
Salt fish	20,214 00	.80	.067	.0154	.0022
Fresh vegetables	44,197 48	1 73	.146	.0337	.0048
Canned vegetables	9,512 90	.38	.031	.0073	.001
Fresh fruits	\$11,904 27	\$0 47	\$0 039	\$0 009	\$0 0013
Dried fruits	15,946 87	.63	.052	.0121	.0017
Preserves and jellies	2,409 48	.09	.007	.0017	.0002

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS—(Concluded)

CLASSIFICATION	Total expenditures	Yearly per capita	Monthly per capita	Weekly per capita	Daily per capita
3 Provisions and stores—(Continued):					
Dairy produce.....	\$458,341 14	\$18.13	\$1.511	\$0.3487	\$0.0497
Wet groceries.....	16,659 02	.66	.055	.0127	.0018
Dry groceries.....	124,848 11	4.94	.412	.095	.0135
Condiments.....	1,828 91	.07	.006	.0013	.0002
Total food supplies.....	\$1,356,352 19	\$53.65	\$4.471	\$1.0317	\$0.147
Water and ice.....	\$17,794 41	\$0.70	\$0.058	\$0.0135	\$0.0019
Laundry supplies.....	13,794 63	.55	.046	.0106	.0015
Crockery and glassware.....	8,747 44	.35	.029	.0067	.001
Tin and ironware.....	10,029 38	.40	.033	.0077	.0011
Cutlery and platedware.....	1,806 91	.07	.006	.0013	.0002
Woodenware.....	1,281 44	.05	.004	.001	.0001
Household supplies.....	30,324 00	1.20	.10	.0231	.0033
Toilet articles.....	6,693 24	.26	.202	.005	.0007
Commutation.....	61,133 42	2.42	.202	.0465	.0066
		\$59.65	\$4.971	\$1.1471	\$0.1634
4 Ordinary repairs:					
Engineers' department.....	\$52,253 14	\$2.07	\$0.173	\$0.0298	\$0.0057
Carpenters' department.....	15,510 30	.61	.051	.0117	.0017
Painting department.....	21,466 65	.85	.071	.0163	.0023
Masons' department.....	4,045 20	.16	.013	.0031	.0004
Electrical department.....	6,903 40	.27	.022	.0052	.0007
Tinsmiths' department.....	7,768 80	.31	.026	.006	.0009
Railway department.....	933 44	.04	.003	.0008	.0001
		\$4.31	\$0.359	\$0.0829	\$0.0118
5 Farms and grounds:					
Farm feed.....	\$47,924 07	\$1.89	\$0.158	\$0.0363	\$0.0052
Wagons, sleighs and harness.....	8,339 05	.33	.027	.0063	.0009
Farm and garden implements.....	3,235 47	.13	.011	.0025	.0004
Lawns, roads and grounds.....	4,786 83	.19	.016	.0037	.0005
Farm supplies.....	19,800 11	.78	.065	.015	.0021
Horticultural supplies.....	1,959 27	.08	.007	.0015	.0002
Stable maintenance.....	7,482 20	.30	.025	.0058	.0009
		\$108,880 93			

STATE COMMISSION IN LUNACY

Live stock.....	97,352 55	.11	.0000	.0021	.0007
Rentals.....		.04	.0003	.0004	.0001
		\$3.85	\$0.321	\$0.074	\$0.0160
		\$6.05	\$0.504	\$0.1163	\$0.0166
6 Clothing.....	152,923 75				
7 Furniture and bedding:					
Furniture.....	39,216 62	\$1.55	\$0.129	\$0.0298	\$0.0042
Bedding.....	66,927 79	2.65	.221	.0509	.0073
Window furniture.....	3,806 21	.15	.013	.0029	.0004
Table linen.....	17,681 45	.70	.058	.0135	.0019
	127,632 07	\$5.05	\$0.421	\$0.0971	\$0.0138
8 Books and stationery:					
Stationery supplies.....	\$22,053 72	\$0.87	\$0.072	\$0.0167	\$0.0024
Books.....	2,006 57	.08	.007	.0015	.0002
Periodicals.....	1,519 85	.06	.005	.0012	.0002
Purchasing steward.....	1,396 46	.06	.005	.0012	.0001
	26,976 60	\$1.07	\$0.089	\$0.0206	\$0.0029
9 Fuel and light.....	\$457,911 38	\$18.11	\$1.509	\$0.3483	\$0.0496
10 Medical supplies:					
Medicines.....	\$15,165 30	\$0.60	\$0.05	\$0.0115	\$0.0017
Medical and surgical supplies.....	11,255 08	.44	.037	.0085	.0012
Laboratory supplies.....	1,157 99	.05	.004	.001	.0001
	27,578 37	\$1.09	\$0.091	\$0.021	\$0.003
11 Miscellaneous:					
Traveling expenses.....	\$6,953 40	\$0.27	\$0.023	\$0.0052	\$0.0007
Entertainment of patients.....	30,968 90	1.23	.103	.0237	.0034
Supply transportation.....	28,488 00	1.12	.093	.0215	.003
Messages.....	7,397 94	.29	.024	.0056	.0008
Miscellaneous.....	57,534 44	2.28	.19	.0438	.0063
Purchasing steward.....	2,538 86	.10	.008	.0019	.0003
	133,881 54	\$5.29	\$0.441	\$0.1017	\$0.0145
12 Transportation of patients.....	\$23,677 23	\$0.94	\$0.078	\$0.0181	\$0.0026
Grand total.....	\$4,593,477 63	\$181.70	\$15.142	\$3.4942	\$0.4978

BY THE COMMISSION,
ALBANY, November 28, 1905

T. E. MCGARR
Secretary

The Commission would again emphasize the fact that the gross and per capita cost to the public of the maintenance of the insane is not, strictly speaking, shown by the foregoing statements. A credit of \$284,457.67 gross, and \$11.25 per capita, must be applied, this representing the receipts of the hospitals for the board of patients, sales of old material, etc. This would reduce the gross cost to \$4,309,019.96, and the per capita cost to \$170.45. These credits are invariably applied in other states and Canada and for comparative purposes must be taken into consideration in computing the cost of maintenance of the institutions of this State with that of others.

APPROPRIATIONS REQUIRED FOR THE STATE HOSPITALS

The Commission presents in the following pages a complete list of additional buildings and improvements to existing buildings, engineering changes, etc., desired by the respective boards of managers of the 13 State hospitals and totalizing at \$1,952,476.79.

UTICA STATE HOSPITAL

Acute hospital.....	\$80,000
Elevators for congregate dining-rooms, men's and women's departments.....	3,800
Extraordinary repairs to wards 5, 9, 14, 22 and 26...	1,145
8,200 square feet new tin roofing, ward 9.....	800
5,300 square feet new tin roofing for assembly hall..	515
Barn at Graycroft, with silos	5,500
Potato digger.....	100
Monarch sprinkling pump, with complete attachment	75
Monarch self-feed ensilage cutter, with blower elevator and 50 feet of pipe.....	350
Dump wagon, Acme, capacity 1½ yards.....	150
Star whitewashing and spraying machine.....	75
Two carloads of drain tile.....	250
Picket fence.....	600
Cold storage and ice plant.....	20,000
Crushed stone for roads.....	250
Extraordinary painting.....	1,453
Repairing smoke flue, boiler-room.....	325
Two duplex steam pumps for water supply and fire protection, installed.....	2,000
Horse, wagon and delivery wagon.....	350
Total	\$117,738

WILLARD STATE HOSPITAL

Tuberculosis pavilion.....	\$40,000 00
Remodeling and enlarging Button house.....	4,750 00
New milk room at Grange.....	730 00
Poultry plant.....	1,000 00
Shed at farm barns.....	800 00
New iron with electric attachment....	\$75 00
New iron for 18-inch body ironer, electrically heated.....	80 00
No. 12 collar and cuff ironer, elec- trically heated.....	215 00
	<hr/>
	370 00
Enlarging two boot rooms, \$305.33 each.....	610 66
New cement walks and gutters.....	225 00
New rendering and cooking tanks.....	350 00
100 pairs lawn settees castings.....	\$132 00
Bolt ends, 2 burrs each, 200 lbs at 5c..	10 00
Bolts, round head, 100 lbs. at 6c.	6 00
	<hr/>
	148 00
Water crane.....	103 00
Eave troughs, hangers, conductors and elbows for the Hermitage.....	200 00
Portable oven for main kitchen.....	382 00
Evaporator, to take care of small fruits.....	500 00
	<hr/>
Total	\$50,168 66

HUDSON RIVER STATE HOSPITAL

Reception hospital.....	\$80,000 00
Nurses' home.....	50,000 00
Bech farm.....	20,000 00
Laundry equipment.....	6,000 00
Library building.....	3,500 00
Furnishings and renewals.....	5,000 00
Musical instruments.....	1,500 00
Porch and sun room for ward 11.....	3,200 00
Recreation room for women.....	800 00
Bowling alley and billiard room.....	1,500 00
Entrance stairways to reception wards.....	300 00
Repairs to base, north wing.....	600 00
Doors between dining-rooms and stairway, north wing.....	300 00

Steel ceilings.....	\$1,000 00
Sun rooms, wards 3 and 7.....	3,200 00
Fan for main kitchen.....	360 00
Railroad station.....	1,000 00
Changes for old amusement hall.....	3,000 00
Painting, inside and outside.....	7,500 00
Engineering department.....	37,600 00
Electrical department.....	6,250 00
Plumbing.....	6,000 00
Fire protection.....	8,000 00
Day rooms, central group.....	1,500 00
Clothes rooms, infirmary.....	1,000 00
Extension to kitchen, central group.....	2,500 00
Day room, ward E.....	4,000 00
Renovation of wards 21 and 22.....	2,000 00
New floor in main kitchen, central group.....	1,200 00
Summer house for disturbed men.....	600 00
Addition to nurses' home.....	12,000 00
Repairs to cottages.....	5,000 00
Fire escapes at cottages.....	5,000 00
Strengthening Falkill dam.....	3,000 00
Enlarging coal shed, cottages.....	1,000 00
New boilers at cottages.....	3,000 00
Fences.....	2,500 00
Roads and horse roller.....	2,000 00
Walks.....	1,000 00
Flag staff.....	325 00
Hennerly.....	852 10
Total	<u>\$295,087 10</u>

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

Acute hospital.....	\$80,000 00
Enlarging ice house.....	1,000 00
Completing cement walk.....	1,000 00
Addition required to complete fence on Monhagen avenue.....	1,000 00
Enlargement of amusement hall.....	10,000 00
Solarium and sitting rooms, annexes 1 and 2	20,000 00
Two new boilers to heat chronic building.....	9,000 00
Stoker for all boilers.....	5,000 00
New carriage house and stable.....	2,500 00

STATE COMMISSION IN LUNACY

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Alterations in present stable to convert it to work shop.....	\$1,000 00
Renewal of floors, Talcott hall.....	1,000 00
Greenhouses.....	4,000 00
Cottage for patients and employees suffering from contagious diseases.....	2,500 00
Additional farm land.....	12,000 00
Renewal of furniture.....	2,000 00
Rewiring and electrical fixtures for annexes 1 and 2, Talcott hall.....	7,000 00
Total	<u>\$159,000 00</u>

BUFFALO STATE HOSPITAL

Refrigerating plant	\$10,000 00
Coal conveyor.....	3,200 00
Additional water supply.....	850 00
Cement walks.....	1,500 00
Steel tank, pump and piping.....	5,500 00
Total.....	<u>\$21,050 00</u>

BINGHAMTON STATE HOSPITAL

Hospital building for acute cases.....	\$80,000 00
Reconstruction of ward 3.....	1,600 00
New roof for main building.....	2,200 00
Pointing up main building.....	1,500 00
Glass enclosed verandas for wards 5 and 6.....	2,000 00
Verandas for the west building.....	1,600 00
Enlargement of laundry and its equipment.....	7,000 00
Steel ceilings.....	1,000 00
Cementing cellar bottoms.....	2,000 00
Replacing automatic flush tanks with hand control apparatus.....	1,000 00
Replacing wooden steps with Portland cement.....	500 00
Repairs and furniture for Park farm cottage.....	3,000 00
Tuberculosis camps.....	4,000 00
Painting.....	1,000 00
Enlargement of well pit.....	2,000 00
Removal of steam line from west building to outside duct.....	1,700 00
Improvement of main steam line.....	3,100 00
Approaches to new infirmary building.....	1,500 00

Library equipment.....	\$600 00
Additional oven in the bakery... ..	1,500 00
Lawn settees.....	300 00
Vitrified pipe for sewer and surface water disposal..	500 00
Removal of cow barn, horse barn, piggery, slaughter house, wagon shed, paint shop, etc., to the farm ..	7,500 00
Completion of wall at the river and cement coping..	1,500 00
Total	\$128,600 00

ST. LAWRENCE STATE HOSPITAL

Addition to farm.....	\$18,000 00
Enlargement of reception cottage dining rooms ...	4,000 00
Cottage for the chief engineer.....	2,200 00
Surgical operating room.....	5,000 00
Alterations in the repair shop for new industries ..	1,800 00
Trees and shrubs.	300 00
Total	\$31,300 00

ROCHESTER STATE HOSPITAL

Amusement hall.....	\$20,000 00
Changing old boilerhouse to kitchen.....	20,500 00
Painting walls—new buildings.....	12,150 00
Improvement of house at Lake farm.....	7,500 00
Water supply at Lake farm.....	750 00
Moving and rebuilding barns at Lake farm.....	1,500 00
Hydrotherapy rooms and equipment	2,990 00
Additional furniture.....	1,200 00
Trees, shrubs and plants for new grounds... ..	1,075 00
Electric motors in bakery, store, kitchens, and carpenter shop for power to run elevators and machinery.....	950 00
Moving farm house from in front of nurses' home and repairing same... ..	950 00
Moving 50 k. w. engine and generators from old engine room to new boilerhouse.....	597 00
Machinery for carpenter shop.....	580 00
Duplicate water pump at wells.....	1,500 00
Propagating house, 1,700 square feet, with hot frames.....	1,300 00
Sterilizing apparatus for operating room... ..	790 00

STATE COMMISSION IN LUNACY

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Fly screens for kitchens, dining rooms, infirmary and reception hospital.....	\$775 00
Tile floors for lavatories and kitchens.....	7,500 00
Total	<u>\$82,607 00</u>

LONG ISLAND STATE HOSPITAL

Main building, construction.....	\$199,810 61
Main building, heating.....	14,471 00
Main building, plumbing.....	24,410 00
Main building, electric.....	11,440 00
Boiler house, construction.....	5,386 92
Coal pocket.....	18,894 64
Power plant, steam.....	7,645 00
Power plant, electric.....	8,470 00
Accessory buildings, construction, heating, plumbing and electric.....	138,000 00
Outside sewage.....	2,000 00
Wells and plumbing plant.....	15,000 00
Refrigerating and ice-making plant.....	6,000 00
Telephone system.....	500 00
Fire alarm system.....	600 00
Warming tables, refrigerators, etc.....	2,036 00
Surgical equipment.....	1,565 00
Hydrotherapeutic installation.....	3,100 00
Total	<u>\$459,329 17</u>

KINGS PARK STATE HOSPITAL

Amusement hall and building for industries.....	\$30,000 00
Additional heating for staff and steward's offices....	375 00
Betterment of scullery accommodations at group....	3,500 00
Fly screens for dining rooms, hospital wards and acute and convalescent services.....	801 25
Disinfecting chamber, Kinyoun-Francis, in the laundry.....	2,800 00
Additional window guards for group.....	2,500 00
Two Kirker-Bender fire escapes for ward 45.....	1,500 00
One Pennsylvania dish-washing machine.....	700 00
Settees at group.....	896 10
Sewage disposal system.....	30,000 00
Outside lighting.....	8,000 00
Construction of root cellar.....	1,125 00

Constructing two cement walks.....	\$3,00
Reoxidizing chandeliers at group.....	1,02
Permanent boilerhouse.....	80,00
Changes in employees' quarters at main stable and dairy barn.....	2,50
Two diet kitchens in connection with tubercular wards.....	50
Electric cloth cutter for tailor shop.....	32
New fixtures, etc., for storehouse.....	40
Repairs to roof of laundry.....	1,10
Slate roof for dynamo room.....	71
Repairs to roof of boiler house.....	60
Additional building for acute and hospital cases.....	80,00
Steel ceilings, new walls, etc., at club house.....	90
Administration building and additional accommodations for medical staff.....	10,00
Additional wagon shed at stable.....	10
One story extension to cottage G.....	20
Electric lights for attics of buildings A, B, C and D.....	50
Electric lights for basements of buildings A, B, C and D.....	60
Electric lights for attics of 20 wooden cottages.....	10
Steel ceiling for ward 3 day-room.....	13
Steel ceilings for ward 9 and ward 9 day-room.....	42
Ventilating and controlling device for ventilator sash in laundry wash house and ironing room.....	25
Total.....	\$265,57

MANHATTAN STATE HOSPITAL

Home for men employees.....	\$60,00
Building consisting of ophthalmologist's room, odontologist's room, operating room, etherization room, reviving room, dressing room and examination room.....	30,00
Building for infectious and contagious diseases...	3,50
Wooden pavilions, two, at \$3,000 each.....	6,00
Sitting room pavilion, 30x30 feet.....	2,50
Summer pavilions, 75x100 feet, two, at \$2,000 each..	4,00
Extension to laundry building.....	3,00
Addition to cold storage building.....	1,50
Fire pump and water lines for fire protection,....	7,00

STATE COMMISSION IN LUNACY

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Changing steam and water pipes and toilets in the medical offices and hallways.....	\$1,000 00
Rewiring of buildings in the east division to be completed.....	6,500 00
Congregate spray bath in cellar of Verplanck building	1,050 00
Areaway around annex and cutting down windows of dining room.....	2,000 00
Additional arc lights, 15.....	900 00
Steel ceilings for five wards of main building, east division.....	1,800 00
Cement walks.....	500 00
Washing machines for the laundry, four.....	740 00
Lawn benches, 6-foot, No. 100, prisons, 150 at \$4.50..	675 00
Renewals to docks, foot of East 116th street and west side of Ward's island	1,000 00
Broken blue stone and screenings, for roads, 1,000 yards, at \$1.....	1,000 00
Painting exterior of wards 17 to 21.....	1,500.00
Painting exterior of wards 31 to 34.....	700 00
Painting interior of dining rooms Nos. 2, 3 and 4, and clerk's dining room and dining room No. 8.....	450 00
Painting interior of kitchen No. 3 and dining rooms connected with it.....	450 00
Additional furniture.....	2,500 00
Total	<u>\$140,265 00</u>

CENTRAL ISLIP STATE HOSPITAL

Settees, 6 feet 4 inches long, 200 at \$4.45 each.....	\$890 00
Painting of the interior and completing the chair rail in South colony	1,064 95
Four-inch steam pipe covering, 1,500 feet.....	390 00
Platform scales—Miner and Transportation.....	108 00
Four extensions to the serving and washrooms of kitchens Nos. 2 and 3.....	5,000 00
Tile flooring.....	610 00
Wash stand, glass.....	200 00
New carpenter shop.....	3,600 00
Iron stairs, cast iron risers, treads and landing.....	400 00
Extensions to 15 verandas, glass fronts for winter use, South colony	6,300 00
Cement walks, 3,000 feet.....	1,000 00

Shade trees and ornamental shrubbery for South colony grounds	\$375
Two handcars	60
Annihilator mangle, 120-inch	2,350
Laundry extractor, with 32-inch basket	337
Steam collar shaper	30
Collar seam dampener	50
Vegetable cellar	3,000
Extension to piggery	700
New coal trestle, 448 feet long	3,584
Wire cloth fly screens, for 4,342 windows	5,300
Steam fire engine, rotary	2,500
Tea and coffee urns for new dining room and employees' building	525
Nurses' building	15,000
Morgue, with pathological and refrigerating room	7,000
Renewing plumbing in eight wards	2,500
New water supply, North colony	6,000
Extension to horse stable and carriage house	4,850
Set of platform scales	90
Rubber tiling in bathroom	97
Bronze tablet, 2 feet 6 inches x 2 feet 6 inches	135
Additional vault, new administration building, 9 feet x 5 feet 6 inches, for case books	305
Harness, double brougham, No. 14	130
Cleaning out three cesspools at old colony sewage disposal pump house	75
Pine and spikes for railroad crossings around hospital grounds	126
Spruce, nails and staples for repairing fences	307
Total	<u>\$74,991</u>

GOWANDA STATE HOSPITAL

Acute hospital	\$80,000
One farm, 80 acres, Stebbins	8,000
One dairy barn	3,000
Two silos	450
One creamery separator	225
One 15-horsepower electric motor	1,200
One gang plow	60

One manure spreader.....	\$115 00
One corn harvester.....	115 00
One pair platform scales.....	200 00
Dam for ice pond.....	500 00
One feed and bone mill.....	1,000 00
One depot wagon.....	500 00
Cold storage plant.....	20,000 00
Hospital gates.....	500 00
Roads and walks.....	1,000 00
One 150 h. p. boiler, auto stoker and connections ..	3,600 00
Two new feed pumps to replace present ones.....	450 00
One coal shed.....	300 00
One engine, 20 h. p., for workshop.....	250 00
One pipe machine, 1 to 4 inches.....	375 00
One turning lathe, 14 inches by 6 feet.....	225 00
One drill press.....	80 00
Shafting, pulleys, belting.....	75 00
Shop extension.....	1,000 00
Trees and shrubs.....	1,000 00
Shoe machinery.....	500 00
One-horse lawn mower.....	50 00
Machinery for carpenter department.....	500 00
New floor for bakery.....	500 00
Extension of porches.....	1,000 00
Total.....	\$126,770 00
Grand total.....	\$1,952,476 79

The Commission at its fall visitation conferred with each board of managers and hospital superintendent as to the necessity of each of the items above listed, and is of opinion that many of them are not properly chargeable to "extraordinary improvements" account, but rather against the ordinary current maintenance account of the hospitals. The Commission begs to submit for the consideration of the Legislature and the Governor the following list of improvements, all of which, in its opinion, should be provided for in the forthcoming special appropriation bill granting funds for additions, alterations and repairs to the State hospitals for the insane.

UTICA STATE HOSPITAL

Building for acute and curable cases.....	\$80,000
Elevators for congregate dining rooms, men's and women's departments.....	3,800
Barn at Graycroft with silos.....	5,500
Cold storage and ice plant.....	20,000
Two duplex steam pumps for water supply and fire protection, installed.....	2,000
Total.....	<u>\$111,300</u>

WILLARD STATE HOSPITAL

Buildings for tubercular insane.....	\$10,000
New milk room at Grange.....	730
Poultry plant.....	1,000
Shed at farm barn.....	800
New ironing machines, electrically heated.....	370
New cement walks and gutters.....	225
New rendering and cooking tanks.....	350
Portable oven for main kitchen.....	382
Evaporator to care for small fruits.....	500
Total.....	<u>\$14,357</u>

HUDSON RIVER STATE HOSPITAL

Building for acute and curable cases.....	\$80,000
Nurses' home.....	50,000
Bech farm.....	20,000
Laundry equipment.....	6,000
Porch and sun room, ward 11.....	3,200
Sun rooms, wards 3 and 7.....	3,200
Five horizontal tubular high pressure steam boilers for central group boilerhouse.....	6,000
Rearrangement heating system, north wing.....	1,500
Improvements to Shone sewage system.....	1,500
Rearrangement heating system, south wing.....	2,000
One pumping engine.....	4,000
One portable steam boiler and engine.....	1,100
Duct from laundry block to shops.....	2,500
Extension of 8-inch water main from central group to cottages.....	4,000

STATE COMMISSION IN LUNACY**23**

Fences.....	\$2,500
Walks.....	1,000
Total.....	<u>\$188,500</u>

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

Acute hospital.....	\$80,000
Enlarging ice house.....	1,000
Completing cement walk.....	1,000
Addition required to complete fence on Monhagen avenue.....	1,000
Solarium and sitting rooms, annexes 1 and 2.....	20,000
Two new boilers to heat chronic building.....	9,000
New carriage house and stable.....	2,500
Alterations in present stable to convert it to work shop.....	1,000
Greenhouses.....	4,000
Cottage for patients and employees suffering from contagious diseases.....	2,500
Total.....	<u>\$122,000</u>

BUFFALO STATE HOSPITAL

Refrigerating plant.....	\$10,000
Additional water supply.....	850
Cement walks.....	1,500
Steel tank, pump and piping	5,500
Total.....	<u>\$17,850</u>

BINGHAMTON STATE HOSPITAL

Building for acute cases.....	\$80,000
New roof, main building.....	2,200
Pointing up main building.....	1,500
Glass enclosed verandas, 5 and 6.....	2,000
Enlargement of laundry equipment.....	10,556
Replacing automatic flush tanks with hand control apparatus.....	1,000
Repairs and furniture for Park farm cottage.....	3,000
Removal of steam line from west building to outside duct.....	1,700

Improvement to main steam line.....	\$3,100
Additional oven.....	1,500
Removal of cow barn, horse barn, piggery, slaughter house, wagon shed, paint shop, etc., to the farm..	7,500
Completion of wall at the river and cement-coping..	1,500
New power plant, conduits and steam lines.....	60,000
Total.....	\$175,556

ST. LAWRENCE STATE HOSPITAL

Addition to farm.....	\$18,000
Enlargement of reception cottage dining rooms....	4,000
Cottage for the chief engineer.....	2,200
Total.....	\$24,200

ROCHESTER STATE HOSPITAL

Amusement hall.....	\$20,000
Changing old boiler house to kitchen.....	20,500
Painting walls of new buildings.....	12,150
Additional furniture.....	1,200
Trees, plants and shrubs for grounds.....	500
Electric motors in bakery, store, kitchens and carpenter shop.....	950
Machinery for carpenter shop.....	580
Duplicate water pump at wells.....	1,500
Propagating house.....	1,300
Fly screens for kitchens, dining rooms, infirmary and reception hospital.....	775
Total.....	\$59,455

MANHATTAN STATE HOSPITAL

Home for men employees.....	\$60,000
Building for infectious and contagious diseases.....	3,500
Two wooden pavilions.....	6,000
Sitting room pavilion.....	2,500
Extension of laundry building.....	3,000
Addition to cold storage building.....	1,500
Changing steam and water pipes and toilets in the medical offices and hallways.....	1,000

STATE COMMISSION IN LUNACY

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Rewiring of building in the East division.....	\$6,500
Congregate spray bath in cellar of Verplanck building.....	1,050
Additional arc lights.....	900
Steel ceilings for five wards of main building East division	1,800
Cement walks.....	500
Four washing machines for the laundry.....	740
Broken blue stone and screenings for roads.....	1,000
Additional furniture.....	2,500
Total.....	<u>\$92,490</u>

KINGS PARK STATE HOSPITAL

Building for industries.....	\$18,000
Betterment of scullery accommodations.....	3,500
Additional window guards for group.....	2,500
Two fire escapes, ward 45	1,500
Sewage disposal.....	30,000
Outside lighting.....	8,000
Permanent boiler house.....	50,000
Total.....	<u>\$113,500</u>

LONG ISLAND STATE HOSPITAL

Main building, construction.....	\$199,810
Main building, heating.....	14,471
Main building, plumbing.....	24,410
Main building, electric.....	11,440
Boiler house, construction.....	5,387
Coal pocket.....	18,895
Power plant, steam.....	7,645
Power plant, electric.....	8,470
Accessory buildings, construction, heating, plumbing and electric.....	138,000
Outside sewage.....	2,000
Wells and pumping plant.....	15,000
Refrigerating and icemaking plant.....	6,000
Telephone system.....	500
Fire alarm system.....	600
Warming tables, refrigerators, etc.....	2,036

Surgical equipment.....	\$1,565
Hydrotherapeutic installation.....	3,100
Total.....	<u>\$459,329</u>

CENTRAL ISLIP STATE HOSPITAL

Four extensions to serving and wash rooms, kitchens 2 and 3.....	\$5,000
Extensions to 15 verandas.....	6,300
Extension of cement walks.....	1,000
Extension to piggery.....	700
New coal trestle.....	3,584
Wire screens for windows.....	5,300
Steam fire engine.....	2,500
Nurses' building.....	15,000
Mortuary.....	7,000
Renewing plumbing of wards, North colony.....	2,500
Extension to stable.....	4,850
Group for 100 tubercular patients.....	25,000
Laundry equipment.....	2,800
Total.....	<u>\$81,534</u>

GOWANDA STATE HOMEOPATHIC HOSPITAL

Purchase of 80 acres of land, Stebbins farm.....	\$8,000
One dairy barn.....	3,000
Two silos.....	450
One 15 h. p. electric motor.....	1,200
Dam for ice pond.....	500
One feed and bone mill.....	1,000
One depot wagon.....	500
Cold storage plant.....	20,000
Roads and walks.....	1,000
Coal shed.....	300
Additional machinery and apparatus for work shop.	1,505
Shop extension.....	1,000
New floor for bakery.....	500
Extension of porches.....	1,000
Total.....	<u>\$39,955</u>

Grand Total..... \$1,500,026

In connection with the matter of appropriations it is proper to say that either during the legislative session of 1906 or 1907, \$150,000 will be required to complete the appropriation for the reception hospital in the city of New York authorized by chapter 760, Laws of 1904, and chapter 702, Laws of 1905—only one-half of the amount required having been granted by the appropriation bill of the present year.

For the furniture and equipment of this building \$10,000 will be required.

For the furniture and equipment of the two buildings for the chronic insane now in course of construction at the Middletown and Binghamton State hospitals, there will be required the sum of \$53,500, this providing furniture and equipment for a total addition of 1,070 patients.

The sum of \$232,000 should also be granted to provide for miscellaneous repairs not listed in the above statement but which may be regarded as of an emergent character. This sum represents but one per cent of the total valuation of the State hospital establishments and is surely not an excessive amount to provide for this purpose.

The Commission will not request of the finance or ways and means committee any considerable addition to the sums required for the maintenance of the administrative department including the board of alienists, Pathological Institute, etc. Neither will it ask for any addition to the allowance for maintenance granted by the Legislature of 1905 for the year just about to begin, notwithstanding the fact that an addition of 700 or 800 patients must be provided for during the coming year. In view of this fact and the further one that no other deficiency items are asked for, the Commission respectfully requests that as large an allowance as possible be made for the extraordinary improvements above listed.

Under maintenance account, the Legislature is respectfully asked to grant the following appropriations, based upon an estimated population of 26,680 patients:

1 For salaries of officers of the State hospitals.....	\$275,000
2 For wages of employees of the State hospitals....	1,795,000
3 For all other maintenance items, including provisions and stores, clothing, medical supplies, fuel and light, transportation, etc., the sum of.....	2,880,000
Total.....	<u>\$4,950,000</u>

It is estimated that \$275,000 of this amount will be provided by payments for board of patients, sales of old material, etc.

The above figures are based on an estimated per capita cost of \$185.53, an increase over the rate prevailing in the year covered by this report made necessary by the continuous upward tendency in the prices of hospital supplies.

CHANGES IN THE INSANITY LAW

The Governor in his message to the Legislature in January, 1905, recommended, through modifications of the insanity law the restoration of the system of management prevailing prior to 1902, of the State hospitals for the insane by local boards composed of citizens residing in the vicinity of these institutions. The changes recommended by the Governor and afterward enacted by the Legislature did not affect the financial control of the institutions, which since 1894 has been vested in the State Commission in Lunacy. The legislation finally agreed upon provided that the boards should consist of seven members at each hospital, two of whom should be women. It gave such board of managers "the general direction and control of all the property and internal affairs of the institutions for which they are respectively appointed" unless otherwise specifically mentioned; they were to take care of the general interests of the hospitals and see that their design was carried into effect and provide, subject to the approval of the Commission, by-laws, rules and regulations for their management, inspecting the institutions either as boards or by a majority of the members of each board at least once each month and reporting the result of their inspection to the Governor and to the State Commission in Lunacy. The appointment of hospital superintendents was vested in the Commission subject to the approval of the board of managers, and superintendents were authorized to appoint, with the concurrence of the Commission, the steward of the hospital. Provision was made for conferences between the Commission and the boards of managers of each hospital.

The Governor exercised the wisest discrimination in the selection of his appointees upon the respective boards of managers, with the result that, in the opinion of the Commission, these institutions now receive more careful personal observation on the part of the hospital boards than at any previous time. Pursuant to a provision in the newly amended insanity law and to a previous notice forwarded to the managers by the Commission, conferences were held with the boards during the fall inspections of the Commissioners. At these conferences the boards of managers were well represented and the

legislative appropriations which should be requested to provide for the proper maintenance and extension of the buildings and grounds appertaining to each hospital were discussed.

ADDITIONAL PROVISION FOR THE INSANE. NEW BUILDINGS, EXTENSIONS, ETC.

On the 1st day of October, 1905, the capacity of the State hospitals was 23,873, showing a deficiency of 1,997 beds, as against 3,303, the net deficiency reported on October 1, 1904.

It is proper to say that this decrease in overcrowding is due to some extent to a revision by the Medical Commissioner of the previous certified capacity of the State hospitals. It is not believed that the additional capacity certified, and which is shown in the following table, is in any respect excessive or one tending to retard the recovery of the insane or even prove a source of discomfort in the administration of any of the institutions.

Capacity October 1, 1905

HOSPITAL	CAPACITY		Total
	Men	Women	
Utica.....	556	554	1,110
Willard.....	1,147	1,175	2,322
Hudson River.....	990	1,045	2,035
Middletown.....	597	625	1,222
Buffalo.....	771	907	1,678
Binghamton.....	718	725	1,443
St. Lawrence.....	907	786	1,693
Rochester.....	500	803	1,305
Kings Park.....	996	1,424	2,420
Long Island.....	414	659	*1,073
Manhattan.....	1,099	2,145	3,244
Central Islip.....	2,174	1,412	3,586
Gowanda.....	419	393	812
	<hr/> 11,288 <hr/>	<hr/> 12,653 <hr/>	<hr/> 23,941 <hr/>

With the estimated added population to October 1, 1906, of 800, the total additional number of patients to be provided for on that date would be 2,797. With funds already in hand the Commission can complete the following buildings, some of which are about ready for occupancy: At the Hudson River State Hospital,

*Temporary and until annex buildings are vacated.

buildings for the accommodation of 100 patients of the tubercular class. At the St. Lawrence State Hospital, Ogdensburg, a building for 100 patients of the same class. By the remodeling of the quarters in the main buildings of the Buffalo, Binghamton, Gowanda, Hudson River and Utica State hospitals which have heretofore been occupied by the superintendents and medical staffs, 488 patients. By the construction at Binghamton and Middletown of two buildings for the chronic insane, accommodating 535 each, 1,070. By the provision in the different buildings of the Kings Park State hospitals of space which will be available upon the occupation of the nurses' home about completed, 300. By the completion of a nurses' home for male nurses at the Buffalo State Hospital, 50. By an addition to the dining room space at Central Islip, thus providing additional dormitory room in building now occupied for dining room, 200. By converting the old amusement hall into a dormitory at the Hudson River State Hospital, 55. The above accommodations will be provided from appropriations made by the Legislature in 1904, a portion of which must be reappropriated by the Legislature to make it available until the buildings are completed.

From appropriations made by the Legislature in 1905, the following additions to capacity can be made: At the Utica State Hospital, a nurses' home to provide for 100 nurses, thus making in the hospital wards a considerable addition to the capacity for patients. By the remodeling of the third story of the large building heretofore known as a hotel on the grounds of the Willard State Hospital, 40. By the construction of a new building for the chronic insane at the Hudson River State Hospital, 440. By the finishing of the third story of the nurses' home at Gowanda, 30. By changes in buildings C and D at Kings Park, 50. By the provision of congregate dining rooms and changes in the chapel, men's division, Manhattan State Hospital, 175. By the construction of a wooden pavilion at the Manhattan State Hospital, 35. By the conversion of the old amusement hall into a ward for patients at Central Islip, 50 patients. By the use of the so-called kitchen K building at Central Islip for dormitory purposes, 60. With these additions and the four hospital buildings for the acute insane heretofore referred to, it is believed by the Commission that all accommodations required for the insane, including the increase to October 1, 1907, will be fully met. Certainly no concern need be felt as to any deficiency in accommodations in any part of the State north of Westchester county.

CONSOLIDATION OF THE BRANCHES OF THE MANHATTAN STATE HOSPITAL ON WARD'S ISLAND

Chapter 490 of the Laws of 1905, restores the system which prevailed upon the assumption by the State of the city institutions on Ward's Island, of having them governed by one medical head. Financial results of a most satisfactory character have already been shown. The per capita cost of maintenance for the year ending September 30, 1905, was \$167.71 against \$170.76, the average per capita of the two branches during the preceding year. If one takes into consideration the legislative increase in per capita cost of wages of employees of the year just closed, which amounted to \$4.83, the saving would be \$7.87 instead of \$3.04 as indicated by the above figures.

Under the direction of the accomplished superintendent, Dr. Dent, the administration, both medical and general, is achieving high distinction. The results of treatment show a very gratifying increase in the number of recoveries as well as in the number of those discharged in an improved condition. The Commission has urged upon the authorities of the institution the possible extension of the system of paroles now followed with so much advantage at the other State hospitals. Of course, this might require a closer study of home conditions in the city of New York than is necessary elsewhere, but the Commission believes that the appointment of a parole agent would soon result in a marked addition to the number of patients who are now allowed more or less prolonged visits with their relatives. The conservative attitude of the superintendents of hospitals in the metropolitan district toward the general proposition of paroling patients is not difficult to understand. Not only must the paroled patient be again subjected in most instances to the stress and deprivation which were responsible for the original onset of his malady, but in the event of any sudden outbreak, with results disastrous either to himself or the community, it is practically certain that the press of the district will be unanimous in its condemnation of the apparently ill-advised discharge of such a patient under the best of circumstances.

The Commission notes with much satisfaction the marked improvement reported in the condition of patients of the tubercular class in those institutions at which special provision by means of tents, pavilions, glass-enclosed verandas and the like have been made. It is a fine, although somewhat routine, showing, as it is now everywhere known that an unlimited supply of fresh air and sunshine is the only effective remedy for tuberculosis.

THE INSANE OF THE METROPOLITAN DISTRICT

The Commission finds itself face to face with a difficult problem in connection with the extension or remodeling or possible abandonment of the establishment at Flatbush, now known as the Long Island State Hospital. Under the terms of chapter 133 of the Laws of 1905 the Commission was called upon on the 1st of October, 1905, to relinquish the so-called "Annex" buildings connected with the institution, and containing accommodations for approximately 1,000 patients, which then reverted to the county of Kings. These buildings, as well as those comprised in the main establishment, have been leased by the State of Kings county for the past 10 years, and by reason of the short duration of such lease, the Commission does not feel it wise to expend any considerable sum either on the buildings or their equipment, with the result that both are now in an advanced state of dilapidation. The statute above referred to provides for the retention of the main establishment by the State in exchange for the release by the State of the buildings on Randall's Island, heretofore used by the city of New York under a lease as a house of refuge for young offenders and for defective classes.

It thus becomes necessary for the Commission to consider whether it is advisable to spend several hundred thousand dollars in the repair and remodeling of the main building to make this a modern establishment, approximating in its general features the State hospitals outside of the metropolitan district, or whether the buildings shall be sold, a site somewhat removed from Brooklyn, but easily accessible thereto, shall be purchased and an entirely new hospital erected. The local board of managers of the Long Island State Hospital unanimously favor the first proposition. They assert that the proximity of the present buildings to the center of the population in Brooklyn, the ease and inexpensiveness of visitation of patients by their friends and the general features of management at the present time and will continue to be simpler if the institution is maintained at Flatbush and properly remodeled than if any effort is made to locate elsewhere. Estimates have been submitted by the State architect, showing that the sum of \$450,000 will be required to remodel the buildings in order to make them available for a total of 800 patients, this estimate covering new kitchen and dining room, new building with corridors to main buildings, addition to laundry, boilerhouse, etc. Of course, if an entirely new institution were constructed at another point than Flatbush, the cost, outside of the land, at the prevailing per capita rate would be \$500,000 for 1,000 patients, not including the cost of either a powerhouse or an administrative

building. Indeed, the law does not seem to contemplate that buildings of this character shall be included in the \$500 per capita cost. An amusement hall, a superintendent's residence, workshops, storehouse and other buildings would cost a very large additional sum.

As the State will be obliged to abandon the large buildings constituting the Manhattan State Hospital on Ward's Island in seven years from this time, it is not too early for the Legislature to take under serious consideration the matter of domiciling elsewhere the 4,400 patients remaining in that institution. At the time of the inclusion of the New York city asylums into the State system on the 28th of February, 1896, it was provided that, upon the giving of a fifteen-year notice, the buildings above referred to would revert to the city, the sole proviso being that, after appraisal by five competent appraisers to be appointed by the city and the State, the cost of all improvements to the buildings then existing which might be made by the State should be paid by the city.

The State has expended several hundred thousand dollars in the improvement of the buildings and in additions to the establishment existing in 1896, and it is not unlikely that an equitable appraisal of the improvements made will net to the State treasury a sufficient sum of money to cover the purchase of a suitable tract of ground elsewhere and the erection thereon of at least a portion of the buildings which are required in a complete hospital plant. The Commission has followed with interest the efforts of the board established by chapter 718, Laws of 1904, in its efforts to provide a new and suitable location for the New York State Training School for Boys now located on Randall's Island. Two years have now elapsed without any agreement as to a site although it is known that the board has been most industriously at work. Assuming that this Commission will fare no better and that an additional three or four years will be required for the provision of the necessary plans for the buildings, the solution of engineering problems which invariably arise in the beginning of a new institution, and the completion of the buildings, it does not, as stated before, seem too early a date to give the matter referred to serious consideration. Necessarily, any site to be chosen must be in the immediate vicinity of the city of New York and must provide complete and inexpensive facilities to enable the friends of patients to visit them whenever they may desire. Furthermore, the tract of land which will be required to provide adequate and suitable occupation in farming and gardening for at least a portion of the patients to be accommodated must be considerably over 1,000 acres. If the constant and already enormous increase in the price of land

on Long Island and in Westchester county, the only two available points at which the institution should be located, continues—and there is not at this time any indication of any halt in the upward tendency—another reason at once becomes apparent for early action looking to the acquisition of the necessary property.

COMPLETION OF FILTER BEDS AT THE HUDSON RIVER STATE HOSPITAL

At a cost slightly over \$40,000, the filter beds mentioned in the last report of the Commission as approaching completion at the Hudson River State Hospital at Poughkeepsie, have been placed in operation, with a resultant reduction in the amount of enteric complaints among the patients and attendants at the hospital and a noticeable diminution in the number of deaths due to these diseases.

CESSATION OF DIPHTHERIA AT THE WILLARD STATE HOSPITAL

No new cases of diphtheria have been reported at the above institution since the Commission's last report. The very large amount allowed by the Commission for painting walls and ceilings of the buildings in which the disease was prevalent and the improvement of the ventilation of the buildings, seem to have had considerable weight in freeing the institution of this disease, which during its prevalence caused considerable disorganization among the working staff, although but few deaths actually traceable thereto were reported.

TREATMENT OF THE TUBERCULAR INSANE

Continued good results have followed the treatment of the tubercular insane in such of the State hospitals as have provided structural facilities for practical outdoor treatment of this class, such as special pavilions, glass-enclosed verandas, tents, etc. The reports of the superintendents of the Manhattan and Binghamton State hospitals, which are incorporated in the present report of the Commission, bear ample witness to the efficacy of these methods of treatment. At the large Willard and Central Islip State Hospitals, it is hoped that an appropriation will be granted by the Legislature for the inauguration of an adequate system of treatment. It is daily coming to be recognized that locality has little to do with the treatment of cases of consumption, and that if outdoor life is sought at a sufficiently early period in the development of the disease, entire cure may be looked for.

CHANGES RECOMMENDED IN THE STATUTE

The Commission believes that some slight changes are desirable in the lunacy law. It believes that specific authority should be given

the Commission to either reduce or waive maintenance charges of the State hospitals in cases where the enforcement of the claim would tend to pauperize the legally liable relatives of the patient.

It believes that the authority given the State board of alienists should be extended to authorize the board to undertake the investigation of alleged non-resident patients wherever found and to secure, under the direction of the Commission, the return of these patients to their homes.

The Commission recommends a modification of the provision relating to food supplies allowed to the families of medical officers to include the families of second assistant physicians who have served one year or over in that grade.

It also recommends that the Legislature empower the Commission to permit under proper restrictions, the erection of chapels and churches on the grounds of the State hospitals, by such religious denominations as may desire to provide them by private funds.

REPORT OF THE MEDICAL INSPECTOR

Dr. Russell's report for the year ending September 30th, will be found an interesting one. The constant inspection made by him of the licensed private hospitals for the insane and the recommendations made as a result of such inspections, which have been adopted by the Commission after personal visitation, have resulted in a betterment of the medical service and a raising of the standard of care afforded in these institutions. The medical inspector visits all institutions for the insane in the State, the State hospitals and the State criminal asylums as well as the private institutions, but it is to the latter institutions that he devotes the greater portion of his attention. At not infrequent intervals complaints—mostly unfounded—are made against the management of these institutions, and influential newspapers go so far at times as to assert that persons are, for pecuniary reasons and improper motives, committed to these institutions and retained therein without due process of law. It is proper to state that all complaints of this character are at once investigated. The privilege afforded to every person in a New York institution for the insane of writing to the local district attorney, to the Governor or to the Commission, without restriction, affords in itself a large measure of protection to the individual. The physician in charge of each of these institutions is not only required to exhibit to the Commissioners and to the medical inspector every patient committed thereto, but the patient himself is informed at the time of the visitations as to the identity of the visitor and is given an opportunity to state any grievance which he may have, in person.

It is believed by the Commission that every possible safeguard thrown about the patients under treatment in these institutions, and that their management is entitled to the full confidence of the community.

Dr. Russell's report follows:

State Commission in Lunacy, Albany, N. Y.

Gentlemen—In compliance with your instructions, I have the honor to present the following report of my work as medical inspector during the year ending September 30, 1905. The number of visits made by me to the 39 institutions subject to the supervision, visitation and inspection of the Commission was 110, 56 of which were to the State hospitals.

STATE HOSPITALS

Three thousand eight hundred and sixty-two patients admitted to these hospitals were examined during the year, of whom more than 500 appealed for their discharge on the ground that they were not insane. Special attention was given these cases, notes in regard to them being made in the minutes of the visits, and in some instances recommendations made verbally also to the hospital physicians. Were it not that there is still extant a belief that perfectly sane persons are sometimes confined in institutions for the insane, it would be unnecessary to add in a report to your Commission that in no case investigated, either in public or private institutions, was there reason to suspect that the patient had not been suffering from mental disease. In some instances the patients who appealed seemed to have recovered, and in a very few cases the necessity for institution treatment seemed doubtful. In such cases it was always found that early discharge was contemplated or already arranged for by the institution authorities. Twenty of the cases admitted were noted as dotards. No record was kept during the previous year of the number so noted, but it was, I believe, greater than that of the year last past. Twenty-nine cases were noted as idiots, the number for the previous year being 13. A few of these were admitted from the Rome Custodial Asylum, some from county houses, and most of them from their homes. All had shown tendencies, which rendered their restraint imperative. Nine cases were noted in which the condition was inebriety, with mental disorder of such brief duration as to scarcely require commitment to an institution for the insane; suitable treatment could have been obtained elsewhere. The number seems much smaller than was observed during the previous year, but an exact record was not kept for that year. The cases noted as dotards were aged persons who were simply enfeebled mentally to such an extent as to require some supervision and attention to ordinary needs, definite psychoses in the aged were not included.

The cases noted as idiots presented physical and mental evidence of arrested mental development and the history of their past lives, which was always inquired into, showed that they were defective. The hospital physicians continue to exercise vigilance in regard

cases of dotage and idiocy, many committed being refused admission, and those received during the year, when consistent with the requirements of humanity, being discharged as soon as the true nature of the case became apparent. There is no sharp dividing line for their separation from the classes of cases for which the hospitals are intended and the comments made in the report of last year seem still pertinent.

The visits to the State hospitals are, as a rule, of at least two days duration and besides the patients admitted since the previous visit, all the others are seen and opportunity given for conversation to those who desire. Appeals and complaints made during the visit, or previously by letter addressed to the inspector, or referred to him from the office of the Commission, are given whatever attention seems necessary. Two hundred and sixteen complaints and appeals thus made were attended to during the year. Many of the more intelligent patients, who had not complained, were also questioned in regard to their condition and their life in the institution. All but a few of the complaints made were of detention only. There were some complaints by patients and others of unkind or harsh treatment or of lack of comforts or deprivation of privileges. These were investigated, and, if necessary, notes made in regard to them in the minutes of the visits and the hospital superintendent conferred with. When one considers the number of patients in the institutions, and that a large proportion of them are quite able to make intelligible and correct statements in regard to their ordinary experiences, the fact that so few complaints are heard, except of detention, indicates that on the whole they are comfortably provided for and kindly treated. The disorders from which they suffer frequently render them difficult to deal with; they are liable to distorted views concerning their experiences and observations; the conditions under which they live together in large numbers are somewhat difficult; and it is too much to expect that regrettable incidents will never occur. All familiar with the care of the insane will concede, however, that while the period of cruelty and neglect has practically passed the period of remedial and preventive measures has little more than begun.

Notes of each visit made to the institutions have been filed at the institutions and at the office of the Commission. Twenty-three special reports in regard to patients and various matters relating to the work were also made to the Commission during the year.

The general plan of inspection and study of the conditions in the hospitals outlined in the report of last year was again followed. It is impracticable, however, in a report of this kind to discuss in detail the observations made. The hospitals are large, the organization and methods somewhat complicated, and the time to study them limited. Differences in location, size, construction, organization, traditions and personality bring about such differences in methods and results that every hospital presents merits and defects peculiarly its own. With a view of directing general attention to some of the specially good features observed at various hospitals, and by contrast bringing into the plainer view of those most concerned the defects in the same features elsewhere, I prepared a paper, which was read

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at the conference of superintendents with the Commission in May, 1905. As this paper indicates improvements which could be effected in all the hospitals if certain of the best features of each were generally adopted, and is also an expression of some of my observations as medical inspector, I beg to make it a part of this report. The paper is as follows:

IN WHAT RESPECTS CAN THE STATE HOSPITAL SERVICE BE BETTERED?

Mr. President and Gentlemen:

The Chairman of the committee on topics has informed me that the object, which the committee had in view in assigning this topic to me, was that I should bring to the attention of the conference such special features observed at the different hospitals as seemed worthy of general consideration. I shall, therefore, confine my remarks to an attempt to carry out the wishes of the committee, and shall have to depend upon the facts presented to suggest for themselves some improvements in the different hospitals. The idea of the committee seems to have been that if the best features of each hospital were made generally known, each superintendent would find something worth adopting and a general levelling up would result throughout the whole service. It is by means of this kind of mutual helpfulness it seems to me, that the conference can be made most serviceable to the hospitals, but my contribution must cover such a wide range that it can hardly help but be superficial and fragmentary. I look upon it merely as an introduction to a program for many conferences.

Features of construction and equipment in a hospital are more conspicuous and more likely to be generally known than those relating to administration. The latter come to the surface prominently only when striking results of one kind or another force them into view, and the tendency is for them to follow traditional lines sometimes for long after the conditions to which they were originally adapted have been superseded by others quite different. It has, therefore, seemed advisable to confine what little I have to say to matters relating to administration.

What I have selected must necessarily reflect to some extent my own preferences in regard to what I have observed, and there are doubtless other ways of accomplishing the same results equally well. Difference in size, location, construction, and original organization of the hospitals afford a wide scope for differences in methods. I have tried to keep this in mind and to select features that might be at least suggestive even if none was considered adaptable to any other hospital than that in which it exists.

In order to give some coherence to what would otherwise be a rather disjointed presentation, I have selected a method or a detail from this hospital or that, and have made a sort of composite picture as though all belonged to one hospital. This is no imaginary picture, however, for every detail is true to what is in actual operation in one or more hospitals. Details that are practically uniform through-

out the service have usually been omitted, and nothing is complete as it has been possible to refer to only a point here and there under each heading. Report of
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The administration features selected relate to:

- (1) The clinical and scientific work;
- (2) The nursing and ward service;
- (3) The dietary;
- (4) The clothing, bedding, etc.;
- (5) The industries, and
- (6) Fire protection.

As in the administration of the larger hospitals, and to some extent of all the hospitals, much of the detail relating to the maintenance of established standards of medical administration, and to the carrying out of plans for their improvement must necessarily be left to the first assistant physician, it has seemed advisable to outline some of his duties in relation to the clinical and scientific work. In the hospital under consideration, this officer had formerly a service, but as the demands of general administration have increased he has been relieved of this and now acts as assistant superintendent. As patients are admitted to the hospital they are assigned by him to the different members of the staff for examination. He arranges for the presentation of the cases at the staff conferences and in doing so keeps informed of the progress and character of the histories and sees that none falls behind unnecessarily. He visits one or both of the reception services and of the wards for sick and surgical cases daily, watching administrative matters and at the same time acquiring from his own observation some knowledge of the new cases and of those suffering from physical illnesses. The special files relating to the joint work of the staff and to the accumulation of medical information are under his special supervision. These are the classification file, the etiological file, the file for general diseases and surgical conditions, the autopsy file, the medical literature file, and possibly others. The abstracts of the case histories are filed as decided upon at the staff conferences, and are added to or changed from one group to another as further information regarding the cases may require. These files represent the accumulated work of the staff, and the first assistant sees that each member does his part. In the treatment of the cases he sees especially that definite indications are met, more particularly those requiring special administrative arrangements, such as surgical operations and physical procedures. He pays special attention to the medical library, the autopsies, the laboratory work, and the nursing service. Some of his duties in regard to these will be referred to later. He has of course other responsibilities and duties, but as already explained only a few points can be referred to under each heading in this paper.

The duties of the first assistant having much to do with general administration, require his presence in the office more than the other members of the staff. The latter are away from the offices most of the day. The case histories are written in the wards, visitors are as a rule interviewed where they see the patients, and what with special examinations, laboratory work, surgical operations,

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autopsies, and administration matters relating to the services, the physicians are fully occupied and have little occasion for being in the offices during the business hours of the day. At 11:30 daily, the staff conference is held. The meeting takes place either in a sitting room on one of the wards of the reception service or in the staff library. The superintendent usually attends and all are expected to be on hand promptly. The program has been arranged by the first assistant, and he or one of the other physicians acts as secretary, keeping the minutes so that unfinished matters are not lost track of. General administrative questions are usually disposed of quickly, though occasionally a whole meeting is given up to them. One or more abstracts of case histories are read and discussed, the patients being if possible, brought in and special features demonstrated. The symptoms are discussed with reference to diagnosis, prognosis, and treatment. If the discussion brings out points that have not been included in the case record, or if necessary information is found to be lacking, notes are made in the abstract, and the physician who examined the case and the first assistant see that the omissions are supplied later, if possible. Cases for discharge are also presented at the staff conferences for revision of the previous consideration of the cases and with reference to the advisability of discharge. Occasionally cases of special medical and surgical interest are brought in. Once a week the staff meet in the evening. At this meeting pathological specimens may be presented. The current medical literature is reviewed, the different journals having been for this purpose assigned to the members of the staff beforehand. As the journals come in through the mails the contents are glanced over by the superintendent and first assistant, and articles and items of special interest are checked in order to bring them more prominently to the attention of the members of the staff. Occasionally a subject is assigned to a member of the staff for review of the literature.

In this connection it seems appropriate to refer to the medical library. This has been carefully built up until it forms a fairly good working library in English with a sprinkling of foreign literature for those who can use it. The books are classified and conveniently arranged in a separate room which is readily accessible at all hours, and is yet a little apart from the noise of the offices. There is a fairly good card catalogue of subjects and authors which is kept up by one of the clerks assisted by the woman physician. There is usually also at least one member of the staff to whom it is a labor of love to take a deep interest in the arrangement of the books and in the catalogue. The staff is encouraged to look upon the library as part of their resources and under their special care. The use of the books is governed by definite rules, but all except a few which are rare or especially valuable are freely accessible. A card may be found in a pocket on the inside of the cover of each book, and when the book is to be taken from the library, this card is removed, initialed, dated and dropped into a receptacle provided for the purpose. The medical journals are arranged in a rack or file and their use is governed by rules so that they are preserved for binding. The clerk watches

the cards and the journal files, and the first assistant sees that the rules are enforced. Book reviews are frequently referred to at the evening staff conferences, and the first assistant and one or more other members of the staff who show special interest are instructed to watch the reviews in the best journals and the publishers' announcements for desirable additions to the library.

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The more active clinical and scientific work of the hospitals is connected more especially with the care of three classes of patients: (1) the new cases, (2) the acutely sick and surgical cases, (3) the chronic, infirm and bedridden. I shall therefore refer to a few points relating to the medical work on the services where these patients are cared for.

All the new cases are admitted in the reception service, and many of them remain until transferred to the convalescent ward or discharged. On each reception service the number of patients for which the physician in charge is responsible has been reduced from time to time, until at present it is 150. A medical interne assists constantly on the service, and sometimes there are clinical assistants. All the members of the staff assist in the complete examination of the cases, and in preparing the records and abstracts. Each reception service is provided with a room equipped with instruments of precision and with facilities for urinalysis and blood examinations. A stenographer works on the service and the case records in white binders are kept in a suitable cabinet on the ward until the cases are transferred or discharged. As far as possible new cases are kept in the reception service, at least until the examination has been completed and the case presented at the staff conference.

In the interests of economical and efficient medical attention and nursing, the acutely sick and surgical cases are brought together. The rule is that patients with acute illnesses except in the wards for chronic infirm and bedridden, and all cases requiring surgical operation, shall be transferred to the sick wards if they are confined to bed, ill for more than 24 hours. These wards form a separate medical service, but the nursing and housekeeping organization are a part of that for the reception wards. The wards are arranged and equipped for general hospital work. A card file is kept on each of these wards showing the nature of the illness or surgical condition with which each patient is affected. When the patient is discharged from the service or dies, the card is sent to the first assistant's desk who sees that it is filed in a special file.

The service for chronic infirm and bedridden is managed to some extent on general hospital lines. A diagnosis card is kept as on the sick wards. The physician in charge of this service is one who can appreciate what has been described to me by one of the superintendents as the right psychological moment to make requests for autopsies, it being important to secure consent before the patient dies if possible. The tuberculous cases are in this service, and although a separate building is not yet available, a sunny, well-ventilated ward has been taken and the cases are segregated and all precautions taken.

The autopsies are made usually under the supervision of a member of the staff who has had some special training. He is responsible for the character of the autopsy, and for the selection, preservation and shipping to the Pathological Institute when necessary, of anatomical material as should be kept or worked up. The physician who had charge of the case at the time of death and usually one or more members of the staff assist at the autopsy, and usually most of the staff is present.

This is all that has been selected from the features relating to the clinical and scientific work of the hospitals, and I shall now turn to the nursing and ward service. One of the most important matters connected with this service is the employment of attendants. This is ordinarily attended to by the first assistant, the superintendent being consulted in special instances. The candidates are seen and examined beforehand when possible. Frequently however, they are too far from the hospital. The degree of education, age, physical condition and general experience are determined from the application and correspondence. Contrary to what seems to be a prevailing opinion, letters from references have been found to be of great service. The confidential file kept in the first assistant's desk furnishes questionable evidence of the interest manifested by many citizens in guarding the hospital from unworthy candidates for positions. Letters forwarded or brought by the candidates are not taken seriously and the writers of them are communicated with directly and informed that their replies will, if they wish, be treated as confidential. As far as possible, probationers are employed on the selected wards. These are wards which are not included in the systematic drill of the members of the training school, and where charge nurses or attendants are required to instruct the probationers and to make reports concerning them. The wards are such as are under the supervision of an observant, efficient and conscientious supervisor, and the charge nurses of which can be relied upon to make intelligent and reliable reports, and to start the probationers right in their work and in their attitude toward the patients and the hospital. At the end of the month of probation, those who have remained that long, are examined in the rules of the hospital by the first assistant, and a report in regard to them is made by the charge nurses and the supervisors.

In the training school for nurses efforts are made to give all members systematic practical instruction and experience in the care of all classes of patients. They serve in regular rotation in different wards of the reception services, in the sick wards, in the wards for epileptics and in those for the infirm, untidy, and bedridden. The charge nurses of each of these wards has a definite responsibility in the plan of instruction, and before a pupil nurse is passed from one ward to the next, the record she has made is gone over by the matron who also gives her a practical examination, and rates her, this rating being used in making up the final average for practical work. The matron has also added greatly to the character of work done by giving instruction given to pupil nurses on certain wards by post-graduate instruction to the charge nurses on these wards and personal at-

tion to their methods of work. For the encouragement of reading among the nurses, a small special library has been established for their use, and a journal of nursing subscribed for.

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Our predecessors of 40 years ago in the work of caring for the insane did not much believe in classification of the curable from the incurable even within the walls of the same hospital, and indeed the difficulties in intelligently discriminating between individual cases are so great that there is much to justify their views. The modern hospital is, however, as a rule so large and the character of care and treatment demanded by modern ethical and medical requirements so elaborate that in the medical and nursing services, especially provision must be made for concentration in the management of certain conditions met with in the patients. This is especially noticed in the reception service and in that for the acutely sick and surgical cases. In the former the proportion of nurses to patients is one to three and two-tenths during the day and one to 15 at night, in the latter the proportion is one to four during the day and one to 12 at night, the proportion varying from time to time with the character of cases. The proportions grow less and less in other services beginning with the infirm, untidy, bedridden and epileptic and ending with the able-bodied quiet workers where the proportion is relatively very small. The reception and sick wards are in charge of graduate nurses and as far as possible other graduates are employed there as well. On the male service these wards are in charge of women. The supervisors on these services have been selected because of their special qualifications as nurses and executives, and the matron also visits these wards daily in her capacity of nurse.

Before leaving the medical and nursing features of the hospital, it seems proper to add a few remarks in regard to treatment. As is well known, the so-called physical methods have become quite prevalent in the treatment of the insane. These include hydrotherapy, rest, massage, passive movements, graduated exercises, calisthenics and electricity. The use of these measures with careful medical attention and nursing has led in this hospital to the complete discarding of mechanical restraint, except incidentally in the form of packs, and also to a great reduction in the use of sedative drugs. Continuous full baths are in constant operation on the reception service, and packs and compresses and tonic sprays and douches are used systematically for such patients on the reception services and throughout the hospital as need them. Quite a large proportion of patients who are restless, untidy and destructive, are kept in bed. In many instances a careful examination of such cases discloses special indications for treatment and sometimes a period of bed treatment results in marked physical and mental improvement. Quilted dresses and straight suits are seen on but very few patients. The bed treatment, hydrotherapy, occupation and special nursing render these unnecessary. A large number of the patients are permitted free access to the grounds, and in many of the wards there are no bars on the windows, which open freely. On some nights not a single bedroom door is locked through the institution, and

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there are never more than a few. The acute curable insane and the tuberculous are given the benefit of outdoor treatment to the fullest extent possible, and even in winter weather they are bundled up in blankets and felt boots and placed out in the sun. The wards for restless walking cases are as far as possible emptied right after breakfast, and weather permitting, the patients are kept outdoors all day except at meal hour, a few good patients with an attendant being left in each ward to finish the morning work. Fifty per cent of the patients attend amusements and religious services.

Two features relating to the dietary seem worthy of notice. The individual prescription method in regard to the food of patients requiring something different from the ordinary institution fare has been largely replaced by the employment of a modification of the general hospital system of several dietaries. This system simplifies the work of the doctors and also leads to better results for the patients as the dietaries are revised every two weeks and are more varied than the ordinary special diet. For the reception services and those for the physically sick and surgical cases there are three dietaries referred to as hospital, soft, and liquid. Besides these there are dietaries for epileptics and workers, and occasionally a patient with diabetes or some digestive disorder requires an especially prescribed dietary. The number of patients on each dietary is conspicuously posted on a blackboard in the kitchen and made to correspond with the lists in the dining-room and wards daily, by the supervisor. Considerable attention is given to the dietary of patients fed with a tube, and it is varied by potato, bean, and pea purees, gruels, broths and fruit juices, in addition to milk and eggs. In the preparation of the dietaries they are first submitted to the steward by the chef and are then gone over by the first assistant and the matron and finally submitted to the superintendent.

In the management of the clothing, ward linen, mattresses, etc., it has been found preferable to fix responsibility as closely as possible by having everything marked for the ward to which it belongs. The clothing is with few exceptions marked for individual patients. The matron makes a weekly visit to all clothesrooms and wards, at the same time making an inspection in relation to the ward house-keeping, and giving such directions in regard to methods, renovations, etc., as may be necessary. Once a week the matron and the supervisors hold a meeting, at which reports are made and house-keeping matters discussed. Troubles relating to the laundry are brought to the matron unless they have previously been straightened out by the head laundryman and the supervisors. There is a complete checking system in and out of the laundry. Nearly all the dresses and suits for the patients are ironed in the laundry, the remainder being attended to by means of irons in a few clothesrooms. The condemning follows a regular system, and is under the supervision of the matron for the women, and the steward for the men, the final inspection being made in the storeroom by these officers personally. In the industrial department of the institution where so many patients are employed, the work rooms have as far as possible been brought together. A start has been made towards

more definite industrial training for idle women. They begin with such simple occupations as hair picking, and simple plaiting or weaving for mats and baskets, and are gradually instructed in more complicated occupations. Forty out of 50 idle women of the chronic class have become useful workers through the instrumentality of a sewing school conducted by an attendant who has shown some aptitude for this work. Report of
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The special feature relating to fire protection which seems worthy of notice is the way in which the attendants have been drilled to empty wards of patients on signal. Each attendant has an assigned duty and the patients are quickly brought to the exits, the rooms being examined and the doors closed as they are reached, and the extinguishers and hose made ready for use. This drill is carried out in a routine manner once a week and once in two weeks an extinguisher is emptied on each ward.

In the interest of brevity many excellent features observed at one hospital or another have been omitted. I hope however that enough has been said to suggest that a fuller knowledge of the methods and work of other hospitals would be helpful to each superintendent. There are very marked differences in methods and in results in one branch of hospital work or another throughout the service. Some of these differences are no doubt due to widely differing conditions and are inevitable; others are but an expression of a wholesome individuality which is the life of the service; while still others are due simply to a lack of knowledge and conviction that a thing can be done better in a different way. John Stuart Mill in his work on "Liberty" says, "that the special duty of a central organ in government should be that of making the knowledge acquired in one place available in another." Should not this be the special duty of this conference? At several hospitals, as is well known, special features have been introduced, which have attracted considerable attention and have been partially or wholly adopted elsewhere. There are still others not so conspicuous perhaps which deserve careful consideration. As examples, may be cited the bed treatment which is on the program for this conference, or the open ward and parole system, so extensively carried out at Binghamton, or the management of the male wards by women nurses which no hospital has attempted to the extent found at Ogdensburg, and many others too numerous to mention.

I have tried in an imperfect way to bring to the front a few special features observed here and there. It can be better done, however, in each instance by the different superintendents, and so I leave for your further consideration the question, "In what respects can the State Hospital service be bettered?"

The systematic and thoughtful discussions in relation to hospital problems which now engage the conferences of superintendents with the Commission have already led to improvements in methods in some places, and everywhere a more definite focussing of interest on the features which have been discussed is apparent. The meetings at the different hospitals of representatives from the staffs of the hospitals nearest and from the Pathological Institute, which have

been started during the year, promise also to be stimulating and instructive. Better knowledge of the work at each hospital will lead to mutual interest and mutual respect, and to that co-operative effort upon which the solution of the greater problems relating to insanity depends.

On the whole my observations during the year show no reduction in the general standard of care of the patients and in the character of work done. In some directions decided improvements have been noted. Among these may be especially mentioned better sanitary conditions brought about by the replacement of old plumbing with new, the installation of better ventilating systems, the relief of crowding by additional quarters for patients, employees and officers; better facilities for caring for cases requiring active medical and surgical measures, and the separation of contagious cases from the other patients; more and better means of amusement and recreation resulting from the addition of amusement halls, bowling alleys, etc., the improvement of libraries, and the purchase of musical instruments and other means of enjoyment.

The food and clothing of the patients and the comfort and cleanliness of their quarters have been maintained at the standard which has prevailed for some years. Few complaints have come to my attention from patients or their friends.

LICENSED PRIVATE INSTITUTIONS

Fifty-four visits were made to the licensed private institutions during the year. Two hundred and seventy-four patients admitted were seen and whenever it seemed necessary investigation made of their mental condition and the circumstances of commitment. Notes in regard to the cases so examined were made in the minutes of the visit and in some instances recommendations were made verbally to the physicians in charge. Of 137 patients classed as "voluntary," 34 were found to be insane and incapable of rational volition, or they expressed unwillingness to remain. Many of these cases were too confused or apathetic to be concerned about the detention and were obviously proper cases for care and treatment in an institution for the insane. They could not be legally detained as voluntary patients, however, and their discharge or commitment was required by the Commission.

In addition to the appeals or complaints made by the patients admitted during the year, 50 others made by other patients or their friends were attended to. As a rule, these had reference to detention only.

The institutions have been regularly inspected as required by my instructions, and notes in regard to conditions found made in the minutes of the visit. As the institutions are private enterprises, the quality of care and treatment of the patients must be dependent upon the rates received and the personal and professional qualifications of the physicians by whom they are controlled. It is therefore, hardly possible to characterize them in general terms without misrepresenting some. In seeing that the provisions of the law and the requirements of the Commission were carried out, I have also tried to interest

the physicians and proprietors in the underlying purpose of the Commission's supervision, and in the best methods of medical management of mental disease known to me. Great progress has, during the past few years, been made in the knowledge and treatment of insanity. Mental diseases are no longer considered as standing apart from all other forms of disease. Thorough knowledge of the mental condition of an insane patient involves thorough knowledge of the condition of the nervous system and the body in general. As a basis of intelligent understanding and treatment of a case, a systematic and complete physical and mental examination must be made, and in order to make such an examination serviceable, it is necessary to record the findings in great detail. In the treatment it is necessary to provide for all ordinary medical and surgical measures and also for special nursing, medical baths, massage, electricity, exercises, mental and physical employment, recreation and such other means of promoting nervous and mental activity as modern methods demand. The methods of diagnosis and treatment thus indicated are along the line of the best medical principles and can be readily appreciated by the general medical profession. The quality of the private institutions must after all depend largely upon what the general medical profession upon which they are dependent is willing to accept for the patients sent to them. In the selection of an institution and in judging of the character of work done the practitioner who accepts lower medical standards than those indicated above will accept for his patient a lower standard of medical care than is obtainable in the public institutions.

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Some improvements in the licensed institutions have been noted during the year. At one a large new building is under construction, and at others minor structural improvements have been made. Better fire protection has been provided for at a few places. The regulations and recommendations of the Commission in regard to the nursing service and mechanical restraint and seclusion have had a decidedly good effect. It is necessary to report, however, that the position of supervising nurse required by the regulations has not yet in all cases been satisfactorily filled.

In conclusion, I beg to express my appreciation of the confidence and support of your Commission and of the courtesy and co-operation which I have met with at the hospitals and institutions.

Respectfully

WM. L. RUSSELL,

Medical Inspector

Following its custom the Commission presents a map showing the distribution of the insane by districts and hospitals as of date of June 1, 1905. The disparity in the commitments of the insane from counties having approximately the same general population is shown curiously in the table here presented. Thus, the county of Schenectady, having a general population of 71,334, has charged against it 129 insane in the different state hospitals while the county of Broome with a slightly larger population (72,049, excluding the

Insane
by districts

State hospital population) has an insane population of 237. Not possessing intimate knowledge of local conditions which might be responsible for this condition, the Commission can only present facts for the information of the citizens of the localities most interested.

	General population	In-
Putnam.....	14,169	
Yates.....	19,408	
Seneca.....	25,220	
Schoharie.....	25,273	
Lewis.....	26,643	
Tioga.....	26,885	
Cortland.....	29,503	
Greene.....	31,246	
Orleans.....	31,323	
Wyoming.....	31,355	
Warren.....	31,935	
Essex.....	32,452	
Tompkins.....	34,135	1
Sullivan.....	34,795	1
Livingston.....	36,450	
Chenango.....	36,784	
Madison.....	39,690	1
Fulton.....	42,330	1
Columbia.....	42,868	1
Allegany.....	43,259	1
Rockland.....	45,032	1
Delaware.....	46,788	1
Clinton.....	46,949	
Franklin.....	47,012	
Washington.....	47,059	1
Otsego.....	48,209	1
Montgomery.....	49,928	1
Chemung.....	51,605	2
Ontario.....	52,691	2
Herkimer.....	53,856	1
Saratoga.....	62,657	1
Cayuga.....	65,311	1
Cattaraugus.....	65,894	1
Oswego.....	70,111	2
Schenectady.....	71,334	1
Broome.....	72,049	2

	General population	Insane
Jefferson.....	80,459	176
Dutchess.....	81,294	395
Steuben.....	81,815	239
Niagara.....	84,744	201
Ulster.....	86,661	266
St. Lawrence.....	89,798	245
Chautauqua.....	96,882	238
Orange.....	107,864	406
Rensselaer.....	122,579	570
Oneida.....	138,832	515
Albany.....	171,497	728
Onondaga.....	178,436	495
Westchester.....	228,941	600
Monroe.....	238,676	766

INCREASE IN THE RATIO OF THE INSANE TO POPULATION

On the 1st day of June, 1892, the population of the state of New York was 6,513,343, and the number of insane in all of the institutions of the State was 17,275, a ratio of one insane person to 377 of the general community. On the 1st day of June, 1905, the population of the State was 8,066,672, and the insane under commitment in the different institutions of the State amounted to 27,300, a ratio of the insane to the general population of one to 299. This shows a striking increase in the proportion of the insane to the general population and goes hand in hand with a similar condition of affairs reported in the carefully prepared statistical returns of the Commissioners in Lunacy for Great Britain where, indeed, the present ratio of the insane to the general population is one to 288.

These figures present food for the consideration of the sociologist. In this country, as in England, there is little doubt that the influx of undesirable immigrants, which has of late years been so prominent a feature in the changing population, has been largely responsible for the increase. While a greater number of insane persons are now being admitted to institutions than heretofore, owing to the greater confidence which the public has in the management of these institutions and the oversight given by State boards, it may justly be said, on the other hand, that a considerably larger number than ever before is being returned to the care of their friends and relatives, both in an improved and unimproved condition; also the proportion of recoveries is increasing.

Many estimates are made as to the number of insane who are never committed to institutions. In this State the number has been placed as high as 6,000. This would, of course, if taken into consideration, materially increase the proportion of the insane to the general population.

Another element in the situation is the constantly increasing duration of life of the insane committed to the State hospitals due, it may with perfect safety be claimed, to improved hygienic conditions, improved medication, better nursing, better food and better ventilation which have prevailed at these institutions during the past 15 years. Though the insane thus gain enormously in comfort and increased length of life the burden of the taxpayer becomes correspondingly greater. To minimize this burden the effort of the Commission has at all times been to provide a separate and inexpensive dietary for this class as distinguished from the acute and curable patients for whom are provided as ample and varied dietaries as possible. It may be appropriate at this point to insert for the information of the Legislature and the public a sample State hospital dietary covering each day of a given week.

Dietary for week ending February 11, 1906

MONDAY		<i>Employees' extras</i>
<i>Breakfast</i> —Rolled oats and syrup, meat for workers..		Beefsteak, fried potatoes.
<i>Dinner</i> —Pork and beans, cold slaw, sago pudding....		Potatoes.
<i>Supper</i> —Cornmeal mush and syrup, cheese.....		Pork chops, escalloped potatoes.
TUESDAY		
<i>Breakfast</i> —Rolled wheat and syrup, meat for workers.		Fried ham, boiled eggs, fried potatoes.
<i>Dinner</i> —Vegetable soup, boiled meat, potatoes, crackers.....		Peach dumplings.
<i>Supper</i> —Corned beef hash, stewed prunes.....		Sponge cake.
WEDNESDAY		
<i>Breakfast</i> —Rolled oats and syrup, meat for workers..		Bacon, fried potatoes.
<i>Dinner</i> —Roast beef, gravy, potatoes, mashed turnips, bread pudding.....		Same.
<i>Supper</i> —Cold boiled shoulder, cookies.....		Potato salad.
THURSDAY		
<i>Breakfast</i> —Rolled oats and syrup, meat for workers...		Beefsteak, fried potatoes.
<i>Dinner</i> —Corned beef, cabbage, potatoes, tapioca pudding.....		Same.
<i>Supper</i> —Macaroni and cheese, apple sauce.....		Chopped roast, baked potatoes.
FRIDAY		
<i>Breakfast</i> —Rolled oats and syrup, meat for workers..		Scrambled eggs, coffee cake, fried potatoes.
<i>Dinner</i> —Baked fish, potatoes, boiled onions, sago pudding.....		Beefsteak, fried fish.
<i>Supper</i> —Creamed codfish.....		Canned salmon, potatoes hashed in cream and browned.

SATURDAY

<i>Breakfast</i> —Rolled wheat and syrup, meat for workers	<i>Employees' extras</i> Fried ham, fried potatoes
<i>Dinner</i> —Rice soup, boiled meat, potatoes, hot slaw..	Baked custard.
<i>Supper</i> —Meat pie.....	Lemon jelly.

SUNDAY

<i>Breakfast</i> —Rolled oats and syrup, meat for workers..	Bacon, fried potatoes.
<i>Dinner</i> —Roast mutton, gravy, potatoes, creamed carrots.....	Farina pudding with currants.
<i>Supper</i> —Cake, stewed peaches.....	Cold roast beef, pickles, creamed potatoes.

Coffee for breakfast, tea for dinner and supper. Bread all meals, butter for dinner and supper. Butter, all meals for employees.

It is often the case that persons admitted to the hospitals find for the first time in their lives properly cooked food, sufficient in quantity and nutritious in quality; and served in an appetizing form. Further, the cleanliness and perfect ventilation of lately constructed hospital dormitories with cheerful and sunny outlooks assist in no small degree in bringing restoration to the overworked patient whose malady may in part be due to deprivation of the very necessities of life.

The question of hospital statistics has engaged much of the time of the Medical Commissioner since he assumed office in 1903. Difficulties attend any effort to make definite deductions from the statistical returns found in the Commission's reports since its establishment in 1889, inasmuch as through the system of transfers which has prevailed during these years it has often happened that one patient would, if transferred two or three times in the course of a given year, be included in the statistical returns of each institution to which and from which the transfer was made. Hospital statistics

SEWAGE DISPOSAL PLANTS FOR THE STATE HOSPITALS

Certain of the State hospitals not situated on great bodies of water have found considerable difficulty in the practical and unobjectionable disposal of their sewage. It is a regrettable fact that no perfect system of artificial disposal of sewage has up to the present time been discovered. Various claims of perfection are made by patentees of devices having this object in view, but even the best of these have proven under certain conditions ineffective.

For many years the residents of the district on Long Island in which the Kings Park State Hospital is situated have complained loudly of the nuisance created by the emptying of the sewage of the institution into the Nissequogue creek which enters the Sound. The Commission reiterates a recommendation which it has made in former reports, namely, that a sufficient appropriation be granted

to provide such a disposal system as may be shown to have operated with fair success at other points. It has included this item in the list of improvements required at the Kings Park State Hospital, and makes this special plea for an appropriation requisite to abate the nuisance which undoubtedly prevails at that point.

IMPROVED CONDITIONS SHOWN BY STATISTICAL RETURNS

Statistical returns for the year ending September 30, 1905, contain three notable features: First, the smaller number of new cases requiring commitment during the year being less than the preceding year and only slightly in excess of the year 1903; second, the net increase in the number at the close of the year, namely, 499; the smallest reported in 15 years. When the enormous influx of undesirable immigrants at Ellis Island is considered, as well as the further fact that from 35 to 40 per cent of all of such aliens settle in or about the city of New York, the facts above mentioned are certainly very striking. The third remarkable feature of the year was the gratifying increase in the recovery rate, i. e., from 24.24 per cent to 26.97 per cent based upon original records. Furthermore, the number of patients discharged from the hospitals during the year in an improved condition was greater than for many years past. The Commission believes that the increase in the recovery rate is certainly due in part to the improved methods of treating the insane which have been noted by competent judges both within and outside the borders of the State. With reference to the increase above mentioned, some credit is due to the medical superintendents who during the past year have, through personal efforts and correspondence with the friends of senile cases, arranged for the discharge of a goodly number into their care. One of the saddest sights witnessed by the Commissioners upon their inspections is the great accumulation of patients of the dotard class; people so far advanced in age and so feeble as to be unable to recognize their surroundings or appreciate in the slightest degree what is being done for them. If proper filial affection could be shown for these poor people—and the great majority of them could be cared for in their homes with the care ordinarily given to a sick child—the hospitals of the State would be relieved at once of a very onerous burden.

It is proper at this time to refer to another element in the situation which affects the low net increase in the number of patients at the close of the year. No less than 417 insane patients of the alien and non-resident class were removed during the year to their homes in other countries or states of the union—a marked increase





over any previous year in which this work has been carried on by the Commission. As will be observed from the report of the newly created board of alienists, to whom has been entrusted by law the special duty of carrying out the instructions of the Commission so far as this work is concerned, 112 of these aliens were deported at the expense of the steamship companies which brought them to this country. A glance at the statistics of the Manhattan State Hospital shows that since October 1, 1888, only 33 per cent were native born and that the remaining number represented patients born in foreign countries—Ireland leading with 6,517 patients; Germany coming next with 4,333; Russia, third, with 996, and Austria fourth, with 927. Forty Chinese patients have been admitted to that institution since the date above mentioned. These figures are submitted in support of the present movement looking to a still closer restriction of the promiscuous immigration which has been permitted by this country up to the present time.

The Commission submits a table showing to what points the 299 alien insane patients and 118 non-resident patients were transferred during the year.

October 1, 1904—October 1, 1905

ALIENS		NON-RESIDENTS	
Country	Number	State	Number
Ireland.....	41	Connecticut.....	10
Austria.....	30	Kentucky.....	1
England.....	26	Pennsylvania.....	23
Russia.....	35	New Jersey.....	19
Germany.....	64	Ohio.....	5
Greece.....	2	Massachusetts.....	16
Italy.....	48	Canada.....	5
France.....	9	Texas.....	1
Hungary.....	12	North Carolina.....	1
Sweden.....	9	Missouri.....	3
Denmark.....	3	Virginia.....	7
Holland.....	2	Indiana.....	1
Roumania.....	1	Rhode Island.....	4
West Indies.....	5	Maryland.....	2
Finland.....	3	Illinois.....	6
Norway.....	2	Oregon.....	1
Scotland.....	2	Mississippi.....	1
Switzerland.....	1	Delaware.....	2
Syria.....	1	Michigan.....	3

October 1, 1904—October 1, 1905—*Concluded*

ALIENS		NON-RESIDENTS	
County	Number	State	Number
Bohemia.....	2	California.....	1
Turkey.....	1	Florida.....	2
		Maine.....	1
		Wisconsin.....	1
		Alabama.....	1
		Minnesota.....	1
	299		118
Aliens.....			299
Non-residents.....			118
			417

ALIEN AND NON-RESIDENT INSANE

In the succeeding pages, Chairman Wilgus and his associates on the newly created State board of alienists give an account of their work during the fiscal year. The results achieved by them are in every way to be commended. The board has shown an earnest and energetic determination to execute to the full the wishes of the Commission in relieving the taxpayers of the State of the onerous burden of maintaining the offscourings of Europe in hospitals which were established solely for the dependent insane of New York.

As will be seen by reference to the table appearing on the preceding page the Commission through its personal efforts, supplemented by the board of alienists and the superintendents of the State hospitals, sent out of the State during the year 299 insane to other countries and 118 to other states in which a legal residence had previously been established by this department.

REPORT OF THE STATE BOARD OF ALIENISTS FOR THE YEAR ENDING SEPTEMBER 30, 1905

For reasons explained elsewhere the efforts of the Board of Alienists have been confined largely to the duty of identifying and certifying for deportation those insane aliens who have become public charges from causes existing prior to landing in the United States. During the past year, to a great extent our endeavors were limited to the field existing in and about this city, although members of our board visited nearly all of the State hospitals. In pursuing our work we have received aid and encouragement from the authorities in charge of the hospitals of this municipality as well as those in the hospitals for the insane. To them all we extend hearty thanks for aiding our efforts in behalf of the State.

When through any channel information was received regarding the presence of aliens their cases were carefully investigated and the identity of the patients established. We looked into the past history of these aliens very carefully and established insane heredity, neurasthenic conditions, mental depression, degeneracy or past insanity, as common predisposing factors. This nervous instability accounted for the many cases of insanity which developed rapidly under the stress of hardships in the new surroundings of these people. We may say here that the average length of time after landing before those deported were taken into custody averaged about nine months.

Such statistical facts as could be collected we forwarded to the appropriate Commissioners of Immigration with requests for verifications of landing. With these at hand medical certificates were issued by us to the Department of Immigration unless there existed good reason for other action. By this we mean that in certain cases no certificates were issued if feelings of humanity demanded otherwise. With certificates from us stating that the aliens were public charges and insane from causes existing prior to landing, providing such landing was within two years of the time the certificate was issued, the Department of Commerce and Labor issued orders for deportation at the expense of the steamship lines which had brought the aliens to this country. Certificates were also issued for cases becoming public charges within three years of the date of landing if we established that the patients landed while insane. A few cases were deported under the other provisions of the immigration laws. The section of these laws providing for the return of aliens and dependents gave a fair opportunity for their return, but the section relating to their return up to three years from the date of landing was of little use because the necessary proof that they were insane at the time of landing was difficult to obtain. Once that the certificates were issued and in the hands of the Immigration Department, it was held by the Secretary of Commerce and Labor that the provisions of the immigration act were mandatory and that cases so drawn to the attention of the Department must be deported forthwith. This inflexible rule should be modified, it seems to us, to cover the cases in which relatives wish to place their dependent friends in sanitariums, thus removing all ground for complaint on the part of the State. This laudable desire proved unavailing under the above ruling as in the case of Slate Rumianek, deported August 3, 1905, on the steamship "Main," in whose case the State withdrew its complaint without result.

In all instances we endeavored to have the relatives notified verbally and by letter regarding the steps which ultimately led to deportation. Whenever possible they were notified of the ships on which the patients were to be deported and their dates of sailing. We arranged in some instances, and urged in all, for relatives or friends to accompany the patients to the countries whence they came. Recently the method of removing the aliens from the custody of the State and placing them under the care of the steamship companies has been revised by the Department of Commerce and

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Labor rendering this desirable arrangement more difficult of consummation.

The statistical table shows a considerable number of cases in which it was impossible to obtain verification of landing owing to discrepancies between statements obtained from relatives and the facts. Many of this class, not now included under this head, were cleared up through personal search of the records, but much more could have been done with efficient clerical assistance. Taking into consideration the ultimate cost of maintaining each of these cases, we would urge that this be granted for the results obtained would more than compensate for the small expense incurred.

On orders from the Department of Commerce and Labor 112 aliens were deported at the expense of the steamship companies which brought them to this country. In nine cases more, certificates have been issued and they await deportation. Next year we expect this number to be materially increased.

Not the least important branch of our work related to the return of aliens and non-residents to their homes at the expense of their friends. Success was due to personal interviews with the friends and relatives of the patients and to our efforts to keep in touch with those friends who returned to foreign countries. In this way no fewer than 28 old and chronic cases were removed from custody in the State hospitals.

Another factor of importance and one which should be developed fully is that relating to removal of proper cases from the psychopathic wards of the municipal hospitals directly to their homes in neighboring states or to the care of the immigration authorities for deportation. Then would the counties be saved the expense of commitment of no small number of cases and the State would be saved the expense attached to receiving and caring for them even temporarily. The saving of the attached building expense alone would prove no small amount. Moreover, practical experience taught us it was much easier to dispose of these cases with justice to all concerned before they were committed to the State hospitals. We pursued this course as far as possible and about a score was sent direct from the pavilion to the steamers on which they were deported. In addition several non-residents were sent to their homes. This plan was made successful only with the friendly co-operation of the local authorities.

The indirect benefit derived by the State from the existence of the Board of Alienists was forcibly shown by the fact that 21 patients were removed from public institutions by their friends when the latter learned that to leave the patients as public charges would lead to steps on our part looking to their deportation.

Thus opportunity for the removal of aliens was given in all cases through information advanced at the pavilions as well as information forwarded to the relatives by letter by this board. The result showed for itself. It is safe to say that without the existence of this board practically all of the 21 cases would have remained public charges.

The above 161 cases include only those removed from custody as public charges at the expense of the persons removing the aliens. In addition we succeeded in moving from the State hospitals 30 aliens and non-residents, but in these cases the State bore the expense of their removal. It gained the amount which otherwise would have been expended in maintaining these cases for 10 years which is the average life period of patients in the State hospitals. Our experience in which an Illinois case was refused by the authorities in Chicago was the only disagreeable event attached to this part of our work.

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On two occasions we received information to the effect that insane aliens, formerly residents of the State, contemplated return to this State from Europe. One had been deported a year before and the other was a senile who had resided here for some time, but had never taken out naturalization papers. The facts were reported to the immigration authorities with the request that these people be debarred from landing. Our informants stated that the patients were on the way to this country or had made all preparations to take ship, but they never appeared. We consider it probable that they were debarred from landing at Ellis Island.

Thus the State was saved the expense of maintaining 193 insane patients, largely chronic cases, for an average period of at least 10 years. Particular attention is invited to our prophylactic measures, which we think should be encouraged by having authoritative powers given us by statute.

In addition to the above, by request, we investigated the facts regarding 36 patients with more or less definite results and referred our findings to the various superintendents of the hospitals for the insane for such action as they deemed justifiable. In 55 other cases we were unable to obtain trustworthy information, and as previously noted investigation such as we found impossible to give might have cleared up at least one half of this number. Of the 344 cases investigated, 28 were here beyond the legal deportation time. Lastly, at the end of the year the board was looking into the antecedents of 27 patients of whom nine had been certified to the Immigration Department for deportation.

While furthering the interests of the State in every way possible, the humanitarian side of the question was not allowed to drop from view. At the risk of repetition we will say that the relatives were notified regarding our proposed efforts towards deportation at once when aliens became public charges. Thus they were given the opportunity of removing these dependents before such steps were instituted. That this was taken advantage of in several cases has been noted. On the other hand, a surprisingly large number of relatives was anxious that the patients be returned to Europe and gave all possible aid to bring this about. In any event, if the patients continued public charges, their friends were kept in touch with the progress of events as far as it was possible to supply them with information. In a number of instances we arranged for relatives to accompany the deported ones to Europe, there to take them in charge. In fact, this step was urged on relatives in all in-

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stances. We now have less information as to dates on which the patients are to be deported, for during the summer the Immigration Department determined to enforce the orders of the Secretary of Commerce and Labor with its own officers. Prior to that time this board as well as the superintendents of the various hospitals were notified by the Commissioner of Immigration to place the patients on steamers at a specified time. With this knowledge at hand the relatives were notified several days before the patients sailed. At present there is little opportunity on our part to secure this information in time to make it of value to the friends and relatives of those being deported.

In conclusion, we might add that coming, as we did, into early contact with the patients and their friends and relatives we were able to ascertain and establish facts unobtainable under other conditions. What we were able to do is suggestive at least, and we look forward to making our work still more valuable to the State.

This report is respectfully submitted by the board.

SIDNEY D. WILGUS

Chairman







STATISTICAL TABLE YEAR ENDING SEPTEMBER 30, 1905

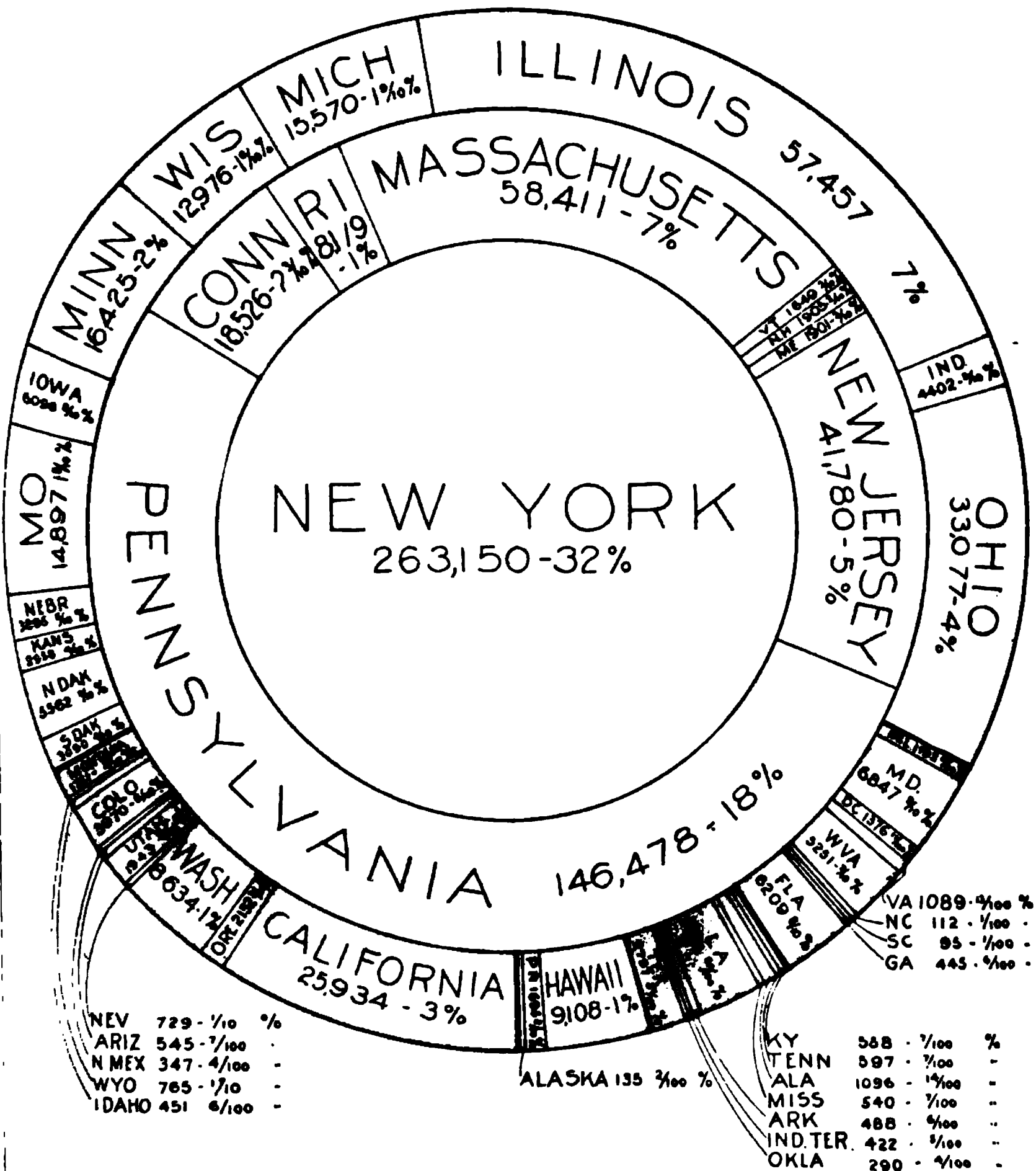
Deported on orders from the Department of Commerce and Labor.....	112
Deported at the expense of friends.....	16
Deported at the expense of the State.....	2
Non-residents returned at the expense of friends.....	12
Non-residents returned at the expense of the State.....	28
Removed from custody as public charges by friends*.....	21
Debarred.....	2
Landing verified but held as recoverable.....	2
Landing verified but died in hospitals.....	2
Landing verified but too ill for removal.....	1
Landing verified but here over legal deportation period..	28
Investigation negative, verification unobtainable.....	55
Non-residents investigated and referred to other departments.....	11
Aliens investigated and referred to other departments.....	25
Under investigation September 30, 1905.....	18
Under certification September 30, 1905.....	9
Total.....	344

The report of the United States Commissioner of Immigration for the year ending June 30, 1905, refers to the "large increase in the

* For explanation, see report.

PROPORTION OF IMMIGRATION AND NUMBER OF IMMIGRANTS GOING TO EACH STATE DURING THE FISCAL YEAR ENDING JUNE 30 1904

 NORTH ATLANTIC DIVISION 541,979-67%	 NORTH CENTRAL DIVISION 176,405 22%	 WESTERN DIVISION 47,221-6%
 SOUTH ATLANTIC DIVISION 22,621-3%	 SOUTH CENTRAL DIVISION 12,024 - 1%	 PORTO RICO, HAWAII - ALASKA 10,938 - 1%
TOTAL 812,870		



number of idiots, insane persons and paupers during the past year, ^{Alien and non-resident insane} which, coupled with an increase of 25 per cent in the number of diseased aliens, justifies the bureau in directing attention elsewhere herein to the flagrant and wilful disregard by the ocean carriers of the laws for the regulation of their business of securing alien passengers destined to the United States. The increase in diseased alien passengers over the number reported a year ago, 1,560, is about 41 per cent. 722,741 aliens came in the steerage at Ellis Island."

Of this total number no less than 30 per cent gave New York city as their probable abiding place.

These official utterances coupled with the statistical returns of the Manhattan State Hospital heretofore referred to, make a most remarkable showing.

The Commission would strenuously urge upon the Legislature that some action be taken looking to a better protection of the interests of the citizens of this State from the burden, which has already become a very onerous one, of supporting this class of defectives. The Commission repeats its previous strongly expressed belief that measures should be taken to establish at the principal ports of departure competent medical officers to supervise the embarkation of aliens and to require that each of those seeking passage to America should secure as a prerequisite, a certificate of good health, mental and physical, from one of such officers; also that any vessel bringing an alien unprovided with such certificate be subject to summary fine. Further the prohibited classes should be increased to include those who are illiterate, those incapable of self-support from advanced age or enfeeblement, those who have not brought a sufficient sum of money to enable them to maintain themselves for a reasonable time in the event of sickness or temporary lack of employment.

It is not too early for New York state to devise means for distributing arriving aliens who now, as shown above, congregate largely in the metropolis, or to urge the general government to compel the steamship companies engaged in passenger traffic to observe in good faith the law which forbids them to encourage or solicit immigration to this country.

Another abuse which the Commission has observed during the past few years is the repeated entry at the port of New York of so-called seamen, who take advantage of their status acquired under one law to escape the operation of another. The Manhattan and Long Island State Hospitals have admitted some of these professed sea-

men who have required hospital care. It is shown that these spurious sailors simply desert the ship upon arrival at our ports. The government should be requested to hold masters of vessels accountable for any alien sailor brought by them who is noted by an inspector as an inadmissible alien.

The Commission warmly favors the proposed international conference to be held at some suitable and accessible place, either in the United States or abroad, to consider this general subject, the personnel of such conference to be made up of delegates or conferees from each country participating therein.

It may be said in closing that England has recently undertaken the vigorous deportation of defectives from other countries who endeavor to obtain a residence on that island, and this notwithstanding the fact that at the present time all England has fewer aliens than two or three wards in the city of New York, and more immigrants come to Ellis Island in a week than enter England for a permanent stay in a year; and in 1904 only 32,000 aliens entered England to remain in that country.

SPECIAL PROVISION FOR THE ACUTE AND CURABLE INSANE

Following recommendations made by the Commission in previous years, legislative authority is asked at this time to expend the considerable sum now in the Commission's hands which remained unexpended at the close of the last fiscal year in the construction of four buildings specially designed and equipped for the treatment of acute and distinctively curable cases. This will be possible only by modification of the statute which at this time requires that the per capita cost of all buildings to be occupied by the insane shall not exceed \$500. The Legislature has already created a precedent for such modification in granting the necessary authority for the construction of a reception hospital in the city of New York for 200 patients of this class at a per capita cost of \$1,500.

A word may be appropriate at this point as to the present status of this reception hospital. The medical member of the Commission has, since the first one-half of the appropriation of \$300,000 was granted in May, 1905, had several consultations with the municipal authorities of New York in which representatives of the State Charities Aid Association have taken a friendly part, looking to the selection of an appropriate site for the building. Considerable progress has been made in this direction and the Commission believes that before the close of the coming legislative session it will be able to report that a site has been selected, that plans have been prepared and approved and contracts let for the construction of the building.

Obviously, if the institution is to be located in so large a center of population as the city of New York, the provision by the local authorities of any considerable amount of ground will be out of the question; hence the building must be planned largely as are the general hospitals in the city, that is, height rather than breadth or depth will govern. Since the stay at this hospital of any considerable percentage of all cases committed will not be prolonged—it being the belief of the Commission that the majority of admissions will after a brief stay be appropriate for transfer to the Manhattan State Hospital on Ward's Island—the lack of ground will not constitute any considerable drawback.

Hospitals for
acute and
curable insane

The director of the Pathological Institute, who now has his quarters on Ward's Island, will be domiciled in this building, and it is designed to have the course of clinical and general instruction now conducted by him maintained thereat.

The four acute hospitals above referred to, each to accommodate 80 patients, should, in the opinion of the Commission, be located in connection with the large establishments at Binghamton, Middletown, Poughkeepsie and Utica. Not one of these buildings contains at the present time anything like adequate structural accommodations for patients of this class and it is not possible in the huge and poorly planned wards of the hospital buildings at either of them to provide appropriate nursing and care. Facilities for constant observation, for special medical service, hydrotherapeutic rooms, special rooms for the analysis of blood and bodily secretions—all these and other features equally as important must be had. The Legislature in 1905 provided an appropriation of \$88,000 which the Commission designed to use in the construction of one building of this character, but the Legislature required that two hospitals should be erected with this sum. The Commission had many conferences with the State architect who at its suggestion obtained the opinions of the State hospital superintendents as to the most important features which should be incorporated in the plans for an acute hospital, and most of these were approved by the Commission. However, when the bids for the construction of one of these buildings, which it was designed to locate in connection with the Binghamton State Hospital, were opened, it was found that for a building to accommodate 80 patients of this class, the number regarded as most appropriate for an acute service in the larger hospitals, the sum of \$79,000 would be necessary. As the total amount available for one building was only \$44,000, no further action could be taken by the Commission looking to its construction.

If buildings of the proper type are to be provided, the Legislature must, as stated before, increase the per capita allowance for building for this class to \$1,000.

MEDICAL TREATMENT

The director of the Pathological Institute has continued the special courses of instruction in technique and pathology which have been referred to in previous reports of the Commission. In the report of Director Meyer which follows, a graphic and interesting account is given of the progress of the work of the Pathological Institute during the year, and reference is made therein to the interesting and extremely profitable conferences between the State hospital staffs held under his general supervision. No one familiar with the standards of 25 years ago can fail to be markedly impressed by the enormous advance in psychiatry shown in our hospital work nor with the esprit de corps which at the present time prevails in these institutions largely due to the wise guidance and stimulating counsel of the director of the Institute. Especially fine results have followed the plan of practical co-operation between the director and the superintendent of the Manhattan State Hospital at which institutions minute attention is given to selected cases in specially arranged wards. Indeed, Dr. Dent's report, which will be found elsewhere in this volume, may be appropriately called a treatise on modern practical psychiatry. This institution has the unique distinction as the main hospital of the metropolitan district, of having the most diversified clinical material. It is, perhaps, not inappropriate to add that the work being done, both in the Institute and in the Manhattan State Hospital, along scientific lines, is being recognized in every part of this country as well as in scientific circles abroad.

Dr. Meyer's report follows:

REPORT OF THE PATHOLOGICAL INSTITUTE FOR THE FISCAL YEAR 1904-1905

To the State Commission in Lunacy:

Gentlemen.—I herewith beg to submit to you a report of the work of the Pathological Institute during the year ending September 30, 1905.

The program of this year was the training for each hospital of an assistant physician, to whom the general leadership of the medical staff could be entrusted. Two courses lasting three months each

were given to groups of seven and eight participants. The plan was essentially that of post-graduate review of those topics which are most essential in the practical carrying out of the medical work of our State hospitals and which are most apt to be neglected in the average college. Part of the work was done on the admission service which had been arranged for the purpose of the Institute in Manhattan State Hospital, West. Every participant was assigned a case to be thoroughly examined according to the outlines prepared for this purpose and generally in use in the hospitals—a complete physical and comprehensive mental examination, the material to be shaped into a record with summary reviews and differential diagnosis. Whenever a case was studied, it was presented at the daily meeting, with discussion of the details of the observation and methods of recording, and of the differential diagnosis. The further observation was to be continued by the physician and a new case was assigned, so that a representative series could be thoroughly worked up, and opportunity arose for the practice of special examinations of the cardio-vascular condition, the clinical laboratory work in connection with stomach contents, blood, cerebro-spinal fluid, etc. At the end of the course the cases were redistributed for review in groups with special reference to differential diagnosis.

Dr. August Hoch delivered a number of lectures on special psychiatric topics. In connection with this work, we also had the benefit of a number of lectures and demonstrations on the cardio-vascular apparatus by Dr. Fritz Schwyzer, on the gastro-intestinal tract by Dr. J. Kaufmann and Dr. Schwerdtfeger, of a demonstration by Dr. Kemp and Dr. Rose, and of a practical review of the methods of blood-examination by Dr. Hastings. Clinical demonstrations in nervous disorders at the Montefiore Home, by Dr. Joseph Fraenkel, supplemented our somewhat limited neurological material, and furnished very welcome clinical illustrations of what was covered in the daily course on normal and pathological anatomy and histology of the nervous system. An arrangement with the Manhattan State Hospital gave further opportunities to participate in the current autopsy work, and demonstrations and discussions of the autopsy specimens were given once a week. One afternoon a week special demonstrations and literature reports were arranged for during part of the course. Dr. G. H. Kirby and Dr. C. B. Dunlap, of the staff of the Institute, gave their valuable help in their respective fields, and Dr. G. Y. Rusk conducted the work with the autopsies.

The chief aim was the creation of standards of accuracy, and of an interest in matters on which an efficient co-operation of Institute

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and hospitals will largely depend. In view of the numerous practical problems in the hospitals themselves no effort was made to cover matters devoid of direct bearing on actual needs. If the neurological course entered upon many details, it was because nothing but their knowledge will create enough interest in clinical neurology and in the problems for the study of which our neuropathological department depends on the intelligent co-operation of the hospitals.

In January, part of a conference of the Commission in Lunacy and the superintendents of the State hospitals and the director of the Institute was devoted to the discussion of the relations between the hospitals and the Institute. The appreciative attitude and the expression of hearty co-operation was an encouraging endorsement of the policy outlined in the previous reports, and suggestions of growing needs in the direction of interchange of experience, in meeting of the staffs of the various hospitals and in the form of publications and other suggestions by Dr. Hutchings, who opened the discussion and by others, were a welcome evidence of the active interest throughout the staffs of the State hospital system.

The plan was suggested and adopted in the September meeting to arrange for meetings of members of the staffs at the various hospitals for the comparative demonstration of methods of work and the communication of special observations and papers. The contact between the staffs cannot help but be a stimulus, and the meetings will furnish valuable opportunities to the Institute to keep close touch with the interests of the hospitals.

MOVEMENT FOR A CHANGE IN STATISTICS

A strong effort has been made this year to harmonize the official statistical returns with the newer developments of medical and psychiatric interests.

During the entire last century, psychiatric ambition tended to culminate in attempts at classification. This held as well for the practical alienist as for the theorist. The only occasion on which demands for a comprehensive psychiatric statement were made of the medical officers of public institutions was the annual report, and the effort to make the statement brief, and in harmony with acceptable tradition, schedules were agreed upon, such as the one which has been prescribed for years by the Commission in Lunacy. One of our former colleagues in the New York state service, in his presidential address to the Medico-Psychological Association (*Journal of Insanity*, vol. 61, p. 574, April, 1905), has expressed the concern of his period better than I could do. He derides the efforts of "a

thors and clinicians," and appeals to those practically connected with the making up of reports to join in against the embarrassment by impractical innovations. With a strong faith in the achievements of the existing schedule, "which, with the large number of patients involved, would have furnished for all time a valuable basis for reference and comparison," he makes a plea for an agreement on the adoption of a homogeneous system suitable for all hospitals of the English speaking countries to "prevent for a long time to come the recurrent recasting and tinkering which makes existing systems well-nigh useless." The work of those who earnestly try to promote a more medical and less purely dictatorial psychiatry is disposed of as that of "less possibly coherent elements, authors and clinicians, for example, who have the pride of their own classifications, unstable though they be, and are incapable of recognizing possible value in others."

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To-day the difficulty is most keenly felt by those who work in psychiatry, as our hospital physicians do. They refuse to sacrifice the differentiations which strike them in their cases, to terms which may seem venerable with age but which have ceased to have a value to them. On the other hand, they cannot as yet agree on any formula—which is certainly the most healthy evidence of seriousness of their opinions—and the question arises: Would it not be best to relieve them of a system imposed upon them without any latitude, and to advocate a plan of self-adjustment? The present statistics of forms of mental diseases are of very little use. However comparable they may appear, they have merely sham value, as could easily be shown on actual cases, such as on many of manic-depressive insanity, which have figured under no less than the following headings: acute mania, acute melancholia, chronic mania, chronic melancholia, secondary dementia, paranoia, mania recurrent and melancholia recurrent, circular insanity, where the same kinds of attacks recurred, or on the arbitrary differences which exist in the use of the term paranoia, acute and simple melancholia, etc., between the various hospitals. The hospital physicians do not consider themselves responsible, because the system is forced on them, and they submit because they have nothing to offer which would be accepted by all. Contrary to what our colleague said, there has not been a change in the tables of the New York State hospitals—a good instance of how those expressing most concern about classification are wont to ignore the actual work; but everything was done to induce the physicians to make what distinctions would impress them as valuable instead of accepting a ready-made scheme and following it slavishly. It

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was thought that in a few years a survival of the fittest would sift out the most valuable entities, and that a rational arrangement of the statistical tables with due allowance for uncertainties and elimination of all unnecessary regulations dictated from the office desk, would encourage the physician to independent thought. We should by far prefer to give every hospital the right to make its own diagnostic tables for what they are worth, and on their own responsibility, rather than to continue the principle of offering a plan ready-made, more or less slavishly followed with a certain amount of censoring criticism taking the place of the obligation of the critic to do his best himself and to give others the benefit of his own ideas and new and achievements.

Psychiatry, to-day, has a certain number of entities as safely established as any in medicine, and suggesting definite and workable problems of prophylaxis, management and prognostication. In these we can agree and find agreement between as divergent elements as Wernicke, Ziehen and Kraepelin, Tanzi, Paton, and others. By stripping them of the admixtures which are personal ideas and generally accepted, we obtain nuclei of common ground. The mind must remain free even in the frame of the statistics. The greatest enemy of statistics and sensible work is the garbling of the facts in favor of form. To eliminate this, it would be best to agree on what is absolutely safe and to give all the desirable latitude for a sensible sizing up of the residual.

Since a radical change has been provisionally accepted for the future work, although not yet compulsory for this report, an effort has been made to give a picture of the procedure of the plan on which we work at the Institute. The cases admitted to the service kindly put at the disposal of the Institute by the Commission in Lunacy and the authorities of Manhattan State Hospital, are officially included in the report of Manhattan State Hospital, but they are here presented in the natural groups which have shaped themselves in our work and with all the desirable freedom for those cases which do not fit into the groups, but merely are classed according to some feature of prominence, and avowedly provisional. With sufficient latitude for such a plan for each hospital's own experience and needs there will develop an increasing nucleus of safe and comparable facts and the fringe of uncertain cases will be frankly offered for what they are worth, and will always invite the activity of studious physicians and the staff. The whole plan will keep up a spirit of discrimination and a desire for better knowledge of the cases, and the classification mania will gradually subside, giving way to the modest aim

keeping order among the facts as they are. The strongest residual of scholasticism would then be relegated from psychiatry, and through this from medicine generally. For, indeed, I am not aware of any other branch of medicine which would allow the making of reports to remain an impediment to a free and sensible development of nosological interests.

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With the staff-meetings as a control for the justification of our descriptive terminology, with the general tendency to put the decisive facts in each case to the front rather than the far less important traits of a depression or excitement which every attendant can call melancholia or mania, we shall get orderly material for the discussions of our meetings, and better circumscribed topics for investigation.

In a discussion before the conference of charities, one of the speakers erroneously expressed his regret over the amount of work being spent on classification to-day. This denotes lack of insight into the real purpose of the work. The whole plan of work is so directed as to induce the physician to ascertain all the facts in the case, so as to be able to give the patients and their relatives all the individual attention. To weld together the medical and the administrative interests, to learn to use and appreciate the visits of the friends, instead of decrying them as an interference with the work, to learn from the efforts concerning the comfort of the individual patient what the management of the wards and working parties should be, to shape the medical work so that the traditional office habit is broken up, and that instead of making two hurried rounds a day the physician spends the greater part of the day with the patients in planful occupation, and yet gives patients and nurses the feeling that he is available at all times and likely to be present: these are some of the undoubted attainments of the present plan of work if it is carried out efficiently and as it is intended. The oracular attitude towards the relatives is no longer necessary where physicians stand on a ground of specifically known facts, and in cases that were at the hospital before, the patients and the relatives appreciate the growth of interest. Many physicians have ascertained matters in their patients which would easily have been passed over with the system of routine management and would never have been used in therapeutic and prophylactic measures; in treatment and prognosis the facts are more definite, based on more accurate methods, and here and there operations can be undertaken where, without the careful methods, haziness would lead to procrastination and to the missing of the chances. Where there is a

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good foundation, the main test of medical accuracy, the autopsy work, is made no longer a merely tolerated fancy but a source of further training rather than a way of merely corroborating diagnostic guesses; and when we look over the list of data that have been furnished to the Institute with the object of further study sent by the various hospitals, we find in most places an increase in precision which is the very condition of the movement for scientific accuracy and research, which aims not only to do the mending of the housing of our wrecks, but to ascertain the facts on which methods of prevention and cure must be based in order to count more than the products of the visionary reformer.

The good start which existed in quite a few of the hospitals, the decided increase of interest in concrete work with the individual patients, bring us to a stage where "classification" has lost its sense except for the purpose of keeping order among the facts and of indicating special lines of interest.

PRINCIPLES IN GROUPING THE FACTS IN PSYCHIATRY

The wealth of facts of a year's observation which would be constructive and valuable for future reference is so great and diversified in even a small series of cases that a statistical presentation is perhaps not the most favorable form of a report, but if it is used it certainly necessitates compromises which might easily be more harmful than helpful. Unfortunately the intemperate craving for logical unity which our education teaches us to strive for as the only worthy resting place, and the habit of sacrifice of the concrete reality to the Moloch of simplicity at any price are apt to seriously vitiate our standards of moral responsibility in the presentation of facts. Psychiatric experience has sadly suffered from veritable debauchery in unwarranted systematization. To this are added the effects of a common self-deception about the meaning and purpose of diagnoses. An orderly presentation of the facts alone is a real diagnosis. Wherever facts or group of facts occur often enough they naturally lead to the formulation of a terminology. Before the public as often enough in the physician's mind the diagnostic terms tend, however, to assume an importance out of proportion with the actual correlated facts, and to represent a lofty vantage ground from which the facts are viewed condescendingly as a necessarily inadequate illustration. In this way the actual and real foundation is sacrificed in favor of frequently unsafe generalities. Thus it can be seen to pass that in psychiatry diagnostic terms obtained the un-

tenacity which goes with all dogma, while we can hardly understand to-day how the terms could figure so long as "diagnoses." Report of pathological institute Nothing but the inevitable complexity of the facts of psychiatry explains that there has not been a revolt against the obsolete residuals of more than 2,000 years' tradition, presenting the shallowest kind of a compromise between scholastic terminology and the experience of actual life. This can be explained only as the result of a diversion of the healthiest interests in a totally different direction. It was a more than excusable effect of the status of psychiatry, that the hospital physician, usually unreasonably overburdened and not infrequently poorly directed, learned to follow the line of least resistance, to divert his attention from the concrete case to the general management and to subordinate the concrete facts to some trite traditions and definitions. After all, it inspires confidence in human nature to see how efficiently human instinct has, even under these unfavorable conditions, matured remarkably efficient principles of management of the concrete facts of general administration and nursing; and it is also a pleasure to see how of late years sound instincts begin in turn to take a more responsible attitude towards the concrete facts which we use in the individual case and want to use for a system of data of reference. Yet the old habits are bound to linger. For a long period the sham diagnoses of mania and melancholia have been tolerated with indifference, as sufficient to fulfill the requirements of official statistics, teaching and conversation. Now we find here and there a heralding of "new classifications," as a substitute for the old gods, the manias and melancholias, the confusions and dementias and paranoias of our immediate past, but also a tendency to consider an actual study of the patient's condition sufficient if it yields the few shabby facts thought to be needed for a lofty diagnosis of "manic-depressive insanity" or of "dementia præcox." The superstition about the value of a diagnosis of a disease prompts many to believe that a diagnosis once made puts them into a position to solve the queries about the case not with the facts presented by it and naturally considered in the light of principles based on experiment and on clinical experiences with concrete series of cases, but by a system of rules and deductions from the meaning of the newly defined disease-entities, with their prognosis and autotoxic or other origin held out to the believer as sufficiently settled for practical purposes. The routinist has no use for actual study of the cases beyond the hunting up of a few diagnostic signs, and asks: "What is the use of any special study of a case of general paralysis or senile dementia, or manic-depressive

psychosis, or dementia praecox, if the diagnosis is made?" And this he really means but the bare diagnosis with as little detail of fact as possible. He feels satisfied with the conviction of quality of medicine, that the presence of three or four symptoms "spells a diagnosis." And the one who has a sound instinct of pathology, the study of the real nature of the disease, is discouraged by scholastic warnings even by the guides who have shaped the new view of diagnosis. When we come to the individual case and ask how do we explain the working together of the demonstrable facts towards the result proclaimed by the generalization of the system, we get the same windy comfort which scholasticism has always offered the inquirer; warnings against using the facts as they are because they would mislead the believer, and a reference to some authority who plainly says that such and such a symptom-complication means a definite something to be accepted in the doctrine. In the *Psychological Bulletin*, vol. 1, p. 226, etc., and p. 237, etc., I tried to show how in the Kraepelin school, mental symptoms are enthroned unless they are characteristic of etiology, course and outcome. The reasons for this are fairly convincing and yet it would seem natural that many a reader interested in psychiatry would carry away the feeling that there was a dangerous distance between the few etiological facts and the elaborate entities of "uniform outcome, and a dependence on symptoms very little understood and correlated; and that we ought not to surrender so readily to common-sense conviction that what determines the importance of a symptom is not so much its formal relation to etiology, course and outcome, but the question how near it comes to designating a terminating factor in the disease process. If we admit this, we may expect, after all, a future for the real study of the symptomatic factors, which in the minds and practice of many, are now sized up lightly with stereotypes and mannerisms and silly similes as supposedly easy marks making thorough study unnecessary.

It may be that even Kraepelin exposes himself to misinterpretations of his rather peremptory propositions, notwithstanding his occasional confession of the provisional nature of his groupings, because he speaks so often of disease-process in the sense of disease-unit, and of the necessity of arriving at some sort of a diagnosis as early a date as possible. But with all this it would probably be a misinterpretation of his inspiring help in shaking up effete conceptions, should it be turned into a revival of scholasticism and of diagnosis-notions cultivated by the ordinary medical tradition. Can we not use general principles and valuable deductions with

pulling them into the service of a vicious attitude of mind, the attitude of that medical conceit which delights in surrounding the diagnosing and prescribing with a mystic halo so much adored by the patients trained to see wonders in the wise terms? Why not regard the "diagnosis" as merely a convenient term for the actually ascertained facts which do or do not tell a clear and plain story, and accordingly, are or are not especially gratifying data of medical insight?

In proposing a plan of grouping the facts of any series of cases of mental disease, we recognize, to begin with, the indisputable fact of complexity and therefore high degree of permutability of the data to be grouped. An absolutely clean-cut classification is not to be expected, unless the number of groups be made unwieldy and therefore an obstacle to the purpose of furnishing the facts for which we can vouch, which we propose to go by as results of experience, and which we consider worth bearing in mind. The failure of many an apparently logical system of the past encourages us to follow the trend of our period of emancipation from scholasticism and to embrace an empirical eclecticism which would have to look to practical results and efficiency as its sanction. Here the question arises: Practical results and efficiency for whom and for what? For the physicians who work with the patients and whom the community entrusts with the task of the care of the insane. A great share of medical work is done on conviction with the help of science, but not really as part of a strict and sufficiently founded scientific system. It may be well to have part of the convictions canonized just as is done in all "tradition," to serve as an easy tool of instinct and as a short-cut. But the really worthy part of our activity, the part which does the growing and budding, is the individual action, not merely following a rut, but clearly based on definite experiences, and these should be kept in evidence, even where our mental habits prefer to admire the mere formula. The number of inductive principles which we can all accept and work with as we all work with the same principles of mathematics, or of the experimental sciences, is gradually increasing, and if we do not disturb its order by premature systematization it serves as a valuable common ground. But especially where we move beyond it, into the sphere of merely suggestive diagnoses, we should encourage every effort which would tend to keep the *facts* in evidence and the tentative acquisition of principles from becoming an obstruction to the free development of others.

The soundest instinct in medicine is grouped around the interest in causes and effects. The principle is represented in its simplest

and safest form by what we might call the fundamental syllogism of the modern mind, the formula of an experiment: Given a definite constellation of factors what will be the result? And given a modification of the definitely tried and established constellation, what will be the modification of the results? We have indeed, the rudiments of a general pathology which puts together the best-tried constellations and their results as standard guides in line with the simple rule of thought. In our clinical work the equation is naturally turned around. The question is: Given the abnormal condition what is the constellation leading to it, and how can it be modified? In many domains of medicine the conditions are so simple that the two aspects of pathology, the experimental and the clinical, coincide very readily. Traumatisms and infections are such clean-cut experiments of nature, of great simplicity, and more and more devoid of diagnostic halo. In mental disease the manifestations are extremely complex and apt to distract one from direct and simple reasoning into the cul-de-sac of unprofitable speculation passing beyond the bearing of the available facts in the case. Our understanding of the relation of special factors to a situation under investigation revolves on our knowledge of the weight of modification of that factor for the course of developments. As a rule, a disorder has its cardinal facts beside more casual ones; and our aim is to find out the determining factors, to subject them to a study of the ways in which they can be influenced. In the fact of symbiosis, the effects of what we call infection, the effect of the struggle between the tissues of our body and the self-assertive invaders, we have an ideally clear field of medical inquiry. Once the central fact recognized, the invader is studied, subjected to experimental influences and, similarly, the organism is tried as to modifications of its power of resistance. In psycho-pathology the kinds of possible active principles involved are usually much more complex and according to the principles of permutation, the number and qualitative difference of the factors involved greatly complicate the conditions of experiments. Yet the principle remains the same. We must try to get methods with which to determine the essential factors and by observation and experiment determine the weight of each factor and of any modification of its working.

In the first place, we are confronted with the make-up of the person, which is an extremely problematic entity and oftener sized up from the result of damage in the conflict than by any previous estimate. The only really safe measure of vulnerability to poisons, to infections, to trauma, to disorders of metabolism, is the test of

endurance, and the same holds for the effects of habits, of strains on the regulative balancing functions of the organism; and owing to the multiplicity of the foundation for mental activity, there are many types and directions of biological issues to be attacked: In the first place the division of labor shown in the data of localization of the nervous system; in a second place, the division of labor shown in the nutrition of the brain (circulation and metabolism), in a third place, differences in the functional disposition of the curve of activity of the components, the question whether a dove-tailing with new requirements is easy or difficult, and what is the ease with which the individual passes from one state into another, from one interest, from one emotion to another, and especially to the ones most likely called for by the actual situation demanding adaptation.

Where so many factors are to be heeded, it is natural that one combination of facts may be appropriately viewed in more than one way, and that the mere accentuation of one element or introduction of a simple new factor is apt to invite the use of a correspondingly different view-point. We may, for instance, use the principle of etiology and name the situation according to the essential etiological factor. There is no doubt about the existence of alcoholic insanity. There are many forms, dependent partly on the mode of action of the cause, partly on the original make-up of the individual, partly on incidental factors. We may meet with derangements of which we can claim that they would not have occurred without alcohol, or without some similar toxic substance; while other derangements may be precipitated by alcohol, but another cause might have done the same, the main factor being the constitutional make-up. Alcoholic intoxication, delirium tremens, alcoholic hallucinosis, alcoholic constitution and perhaps alcoholic paranoia may be viewed largely from the point of view of alcohol as the chief factor; manic states, depressive states, epilepsy may occur at first merely in response to alcoholic excesses, but often enough in the course of prolonged exposure independently as well so that the etiological role of the alcohol sinks. This is why the etiological principle could, as little as any other, claim the advantage of doing for us what can be done in a collection of stamps, or books. But why should it? We are not collectors. We only want order in our thought about facts and for that we need not garble the facts and force them into artificial lines.

The secret of any real progress in psychiatry will be an increase of clearly definable facts; and wherever we invite differentiations we must feel sure that they point to the main spring of *action* and

- 1 interests in the physician and not merely to superficial traits or to the other extreme, dogmatic and doctrinal subdivisions, and therefore tend to become dogmatic encumbrances rather than helps in clearness and accuracy.

In order to make the directly practical interests of the physician in the patient coincide as much as possible with the more remote interest, in a more or less statistical presentation of the experience acquired in a period covered by a report, theoretical aims have been subordinated altogether in the following suggestions.

What is offered is obviously very fragmentary, but it is an individual effort to use our material, to get clearness as to what we want to pay attention to in the future.

Certainly, in the broadest outline, the arrangement proposed would seem acceptable as a common working basis and as a help in clearness and directness of conception; in the detail a great deal of personal liberty can find its place, so that every opportunity will be given to individuality in experience and interpretation without any serious sacrifice in the comparability of the material. Absolute comparability is not to be expected, nor should it be shammed. The suppression of the individual tendencies of the various hospitals. On the contrary, the best thing that can arise among us, is a spirit of courage of one's convictions on condition that evidence for one's views is furnished.

SUGGESTIONS CONCERNING A GROUPING OF FACTS ACCORDING TO CASES

It seems advisable to start from *three large groups*:

A: The diseases which depend on a fairly tangible interference with the brain or its nutrition, in the form of some definite brain disease, or some intoxication, or some autotoxic or infective or exhaustive disorder.

B: Disorders which provisionally, and owing to their more or less striking symptomatology, are most interesting from the point of view of *symptomatic equivalents, and course and outcome*; simple excitements and depressions, dementia praecox, paranoic developments, and manic-depressive states.

C: Disorders in which we see the marks of some of the recognized neuroses, hysteria, epilepsy, neurasthenia, psychasthenia, and peculiar make-up; and imbecility and idiocy.

Each of these groups is to be subdivided as far as possible according to such principles as would be conducive to clearness of conception.

tion of nature's experiment, and to stimulation of sound medical interests.

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We begin with the *subdivision of the first large group A*, into definite brain diseases, intoxications, and autotoxic infective-exhaustive disorders.

The first sub-group might be called "psychoses which are part of an organic or at least definite disease or disturbance of the brain and nervous system generally," and consists largely of disorders which are usually thrown together as "organic dementias," but should not be passed over with this indiscriminate term, all the more since some forms need not figure as "dementias." In the cases classed here the *neurological diagnosis* clinches the vital issues. In many of these disorders, we are apt to know more about the localization of the lesion and of its general nature, than of the complete causal chain of its production (as in brain-tumor, or in focal disease of vascular origin), and the recoverability and prognosis depends largely on the nature and the extent of the *lesion*, and we have reasons to think of the extent of the disorder in neurological terms.

On account of their very specific nature and the prominence of the estimate of the mental function in our estimate of the disorder, we give a special position to the truly senile psychoses (without or with focal symptoms) and to general paralysis (cerebral type, simple or with focal symptoms, tabetic type, or mixed), and to cases suspected of general paralysis.

Epilepsy and imbecility should perhaps properly be ranged with this group, if a unitary system were the chief issue. It would, however, seem more essential to think of them in terms of make-up, and to deal with them in connection with the constitutional defects, because we cannot as yet size up the amount of idiocy and epilepsy in terms of nerve lesions, and because the psychotic symptoms lead us more naturally to a comparison with constitutional mental defects and their reactions, in their kinship to constitutional inferiority and hysteria.

Thus, our first sub-group appears as follows:

1. Psychoses with a nervous disease or nervous complex or tangible brain disease in the center of attention:
 - a Brain tumor with mental symptoms.
 - b Traumatic psychoses.
 - c Distinct focal cerebral disease.
 - d Diffuse vascular brain lesions.
 - e Brain syphilis.

- / Diffuse processes: multiple sclerosis, chorea, central neuritis, polyneuritis (if not specified under "intoxications")
- 2. The truly senile psychoses, without or with focal symptoms
- 3. General paralysis, cerebral (diffuse or focal), tabetic or mixed.

3a. Cases suspicious of general paralysis.

The second sub-group of tangible derangements of the nervous system is that of the *intoxications*. According to their sociological importance we specify the alcoholic psychoses, morphinism or cocaineism, and other drug habits, excesses in consumption of tea or coffee and the trade and food toxicoses. Here a cross reference must be made to the polyneuritic forms mentioned above.

Pellagra and ergotism are practically unknown with us, but would find a place here.

Thus we find the second sub-group to contain:

II. Psychoses of intoxications:

1-a. Alcoholic psychoses:

- Pathological intoxications
- Delirium tremens, acute and subacute hallucinosis
- Korsakow complex.
- Alcoholic constitution.
- Alcoholic paranoias.
- Alcoholic disorders of more independent symptomatic type

2-b. Drug psychoses:

- a: habits.
- b: acute or subacute poisoning.
- c: trade toxicoses.
- d: food toxicoses (Pellagra, ergotism; tea and coffee)

The third sub-group is that of autotoxic or infective or exhaustive psychoses not already included in Sub. I. We give it a few special headings: in the first place, we mention true and demonstrable auto-intoxication of the type of thyreoidism (myxoedema, cretinism and Graves' disease), or uremia, diabetes, and whatever "auto-intoxications" could be sufficiently specified and verified to deserve a place in nosology. A practically larger group allows of no such specification, and is best defined with emphasis on the symptomatic type, the delirious nature (with Head's reactions to referred pain) and truly delirious states, as prototypes), as infective-exhaustive psychoses, delirious or paranoid, discriminating, however, as in the alcoholic group, the cases in which the infection or exhaustion merely brought out a much more fundamental constitutional defect (such as a deterioration psychosis).

Hence we have:

III. Autotoxic, infective or exhaustive disorders.

- a. The thyreogenous disorders (cretinism, myxœdema and Graves' disease.)
- b. Uremic, eclamptic, diabetic, and demonstrated gastrointestinal disorders.
- c. Febrile and post-febrile deliria.
- d. Exhaustive deliria and kindred psychoses. ("Confusional states," "amentia.")

We now pass to the *second large group* which has so far made the bulk of the statistics under the terms mania, melancholia, paranoia, and primary and secondary dementia. For didactic and practical reasons I accept Kraepelin's subdivisions, but not as they are often used, as if they were easy substitutes for the old terms, and merely denoted whether the case was recoverable or not.

Kraepelin's manic-depressive insanity and dementia præcox are very important groups of cases, which do not, however, exhaust the material that presents itself to us. His types had best be used as paradigmata. We should discriminate what can be definitely identified as manic-depressive insanity, or as dementia præcox, but not extend the scope of these terms to merely set up a new kind of arbitrary confusion. There are, for instance, many *depressions* which command our attention as alienists, without their belonging to the above groups, through the mere fact that depression, of whatever origin, is apt to be dangerous as a foundation for suicide, and tends to shut in the patient in self-absorption, to exclude the corrective influences of the environment, and to allow a cropping out of uncorrected ideas and developments which may take a progressive character, of the nature of a vicious circle, especially where for some reason constitutional safeguards are lacking. This seems to be a necessary conclusion from the fact that so many depressions have neither the characteristics of the manic-depressive depression nor those of a definite type of agitated anxiety psychosis belonging more especially to the period of involution.

There also remain certain cases which resemble to all intents and purposes the infective-exhaustive psychoses without our being able to demonstrate such an etiology. We, therefore, are obliged to provide for them in order not to adulterate the facts which we can safely class as autotoxic or infective or exhaustive.

In taking over Kraepelin's dementia præcox in the more restricted sense of an essential deterioration we class only those cases as such which have demonstrable defect symptoms. As a rule we find here

a complex etiology with habit-deterioration in the foreground, either on ground of constitutional defect or on ground of merely acquired habit-disorganization. This had best be taken as the central point in sizing up the cases and the outlook. There are, however, many cases in which there is evidence of habit-deterioration without sufficient evidence of formation of permanent defect, or other cases in which habit-deterioration is not very prominent, or not demonstrable, but which show mental disorders of those striking types which occur in the undoubted cases of dementia præcox, such as many catatonic states, or peculiar delusional episodes, cases which are to be kept apart as allied to essential deterioration, until more definite discriminations become desirable and possible. The paranoic conditions form another striking symptomatic group and deserve to be kept apart. It will, however, be well to discriminate between the pure types of delusional development and those with evidence of deterioration or admixtures.

In the manic-depressive group we include only those types which have the classical symptoms, in the depressive forms subjective feeling of difficulty of thinking and acting, with or without obvious retardation, and with sadness or downheartedness; or in the manic forms, flight of ideas, flight of activity, and either exhilaration or irritability; or in the mixed forms, combinations of these fundamental symptoms. Any cases which do not show these symptoms or show additional symptoms not belonging to this set should, however, be classed as allied to manic-depressive psychoses only. We thus single out the cases in which the manic-depressive traits are less decisive, and naturally all the cases in which they are merely subordinate features, of a general paralysis, or a dementia præcox or other disorders. It will then be seen that the manic-depressive group proper includes the cases with recurrence in the same form or with alteration of equivalents, whereas the disorders allied to manic-depressive insanity have a much less sharp symptom-picture in general setting and outlook.

We thus subdivide our second large group as follows:

B: Symptomatic prognostic groups with complex etiology:

1. Conditions akin to the exhaustive-infectious types (not differentiated deliria and confusional states).
2. Depressions:
 - a. Essential depressions not sufficiently differentiated.
 - b. Symptomatic depressions.
 - c. Depressive hallucinosis.

- d. Agitated depression or anxiety-psychosis.
- e. Depressions with additional symptoms (paranoic traits or other complications).
- 3. Essential deterioration or dementia præcox, simple, hebephrenic, catatonic, and paranoid types.
- 3-a. Conditions akin to the deterioration types, symptomatically or etiologically or both.
- 4. Paranoic conditions.
- 5. Manic-depressive depressions, excitements and mixed states.
- 5-a. Conditions akin to the manic-depressive psychoses.

In our *third large group C* we deal with psychoses that really form part of the so-called general neuroses or of simple constitutional inferiority or those which involve fundamental defects of make-up and development. Thus we would speak of neurasthenic, psychasthenic, epileptic, hysterical mental disorders, if they are merely an emphasis of the fundamental trouble of these diseases extended into the mental mechanism of conduct. Since many of these disorders are compounds difficult to disentangle, and quite a few obviously belonging to this group do not show the characteristics of any of the recognized "neuroses," we provide for a group of psychoses of constitutional inferiority arising from peculiar make-up but not already provided for in the large groups A and B. Idiocy and imbecility are added here, for while as such they are not cases to be admitted to hospitals for the insane, they are apt to have more or less characteristic outbreaks, not infrequently characteristic enough to be considered allied to dementia præcox or even to manic-depressive insanity.

Hence we have:

- C. Psychoses belonging to definite neuroses or make-up:
 - 1. Neurasthenic.
 - 2. Psychasthenic.
 - 3. Epileptic.
 - 4. Hysterical.
 - 5. Constitutional inferiority and abnormal make-up with or without outbreaks.
 - 6. Idiocy and imbecility.

The last group is formed by the cases not classified, whereas the cases not insane really form a group of merely administrative importance.

In making such a table I am fully aware of a number of compromises. In the first place, a number of cases represent *combinations*

of fundamental disorders, such as combination of senile, alcoholic, epileptic disorders with other conditions. If we wish to keep a classification of medically important facts for statistical purposes without entering one person twice, we must either make sub-groups for these combinations, or class the case as allied to the disorder which seems to us fundamental and decisive of the patients's fate and control.

There is no doubt that criticism will come concerning the justification of the "allied groups." We shall hear it said that a case of continued fever either is or is not typhoid fever, and that the statement that a patient came near having typhoid fever is so thoroughly objectionable that nobody would use the designation of a case being "allied to typhoid fever." Yet we have to meet the situation as it is. Even in general paralysis, the best of us will find it necessary to class 5 to 10 per cent of the cases as suspects only, just as to-day quite a few cases of continued fever resist an absolutely certain diagnosis. Our statistics cannot neglect the mental status of the ones who make them, and, the clearer the differentiation between facts offered as safe and facts offered tentatively, the greater the chance of honesty of the tables. The cases classed as allied to a special group are not meant to denote necessarily a haziness or confusion of nature, but rather an uncertainty in the mind of the physician, and these groups will forever be centers of "more work" and of need of further discriminations, plainly before the eye of the worker, and therefore stimulating and a means of profitable order.

Another objection will necessarily arise—that of complexity in such a system. To this I have but one reply: The results of the grouping suggested can easily be contracted into fewer groups, whoever wishes to make relatively simple tables the issue. But the groupings shall serve the purpose of stimulating the medical interests of the staffs in the direction of practical efficiency, the tables will, at least for some time to come, be an adequate expression of the diagnostic problems, and, I hope, invite a great deal of healthy tinkering against which there ought not to be any objection in this country of free developments.

Psychiatry, more than any other branch of medicine, is confronted with a necessary reform in the practice of medical thought. Over and over again, I hear certain individuals say that when they start to record a case or to examine a case, they had made up their mind that it must be a dementia præcox or manic-depressive insanity, or what not. This is an inevitable effect of the faulty teaching that the first aim of the physician is to make a diagnosis instead

of saying that the first aim is to get at the facts. Unfortunately, too many physicians interpret this to the effect that they consider it their duty when they see a patient to start out with a notion that they have to get some label for the cases with one of the names of the schedule. This is a most vicious habit inculcated by our quiz methods of cut and dried schemes. Above all things we have to determine the facts in the case and see whether they fit together in a natural way so that we can make allowances where discrepancies show weak points of our data. We then proceed to ask ourselves whether the facts established point to any principle which we have acquired by experience and which might help us to formulate our deductions from the facts—our prognosis, our therapeutic indications, and the general and nosological sizing up of the case. However scanty the facts may be for such a responsible sizing up, we always find some facts which we have to meet and can meet with therapeutic measures. In a fair number of cases we find that the disorder coincides with a definite nosological entity which means something worthy of the term diagnosis. In a rather large percentage of cases we will have to limit ourselves to the determination of the immediate therapeutic indications and to a consideration of the issues of differentiations to be considered; and we shall then have to resume the examination of the patient with a view to find the decisive facts. At this point the physician assured of his facts will distinguish himself from the careless diagnosis maker, by being able to state frankly whether a diagnosis is warranted at all in the case or not. What we act on should be facts. If the facts do not constitute a diagnosis we nevertheless must act on the facts. To jump from the facts at an arbitrary diagnosis and then to act on that abstract diagnosis is a procedure hardly ever needed in psychiatry, and bound to lead to self-deceit and confusion of the minds of all concerned. The claim that the practitioner and the family want a diagnosis is a matter not of medicine but of professional habits.

Partly for the purpose of illustration of the groups indicated, and as material for further discussion, we herewith add the

REVIEW OF THE CLINICAL MATERIAL OF THE LAST YEAR

Prepared by Dr. G. H. KIRBY, associate in clinical psychiatry

The main part of the clinical work of the Institute is conducted in ward 27 of the Manhattan State Hospital.* From the daily admissions to the hospital we received, during the past year, directly to this ward, which accommodates 50 patients, 170 cases or somewhat over 20 per cent of the total admissions to the female department. With the exception of some recurrent cases and some cases of organic brain diseases and general paralysis, we did not make any special selection of patients for our service, and therefore the groups given below represent about the average run of cases with the exception that practically no senile psychoses were taken under observation.

Two cases were re-admitted during the year; among the remaining 168 cases there were 10 deaths with six autopsies. Twenty-eight of these patients left the hospital recovered within the year, and the remainder returned home improved.

The following table shows the diagnostic groupings:

A. Disorders etiologically characterized:

I. Psychoses with more or less definite brain disease.

1. Psychoses part of a nervous affection.....	5
Brain tumor.....	0
Traumatic psychoses.....	1
Transcortical motor aphasia.....	1
Brain syphilis.....	2
Central neuritis.....	1
2. Senile psychoses.....	1
3. General paralysis.....	13
Cerebral form.....	8
Tabetic form.....	5
Suspensions of general paralysis.....	1

II. Psychoses due to intoxications.

1. Alcoholic psychoses.....	25
Delirium tremens.....	1
Delirium tremens followed by polyneuritis and deterioration.....	1

*We owe to Dr. E. C. Dent, superintendent of the Manhattan State Hospital and to William Mahon, president of the State Commission in Lunacy, an arrangement, according to which the Institute appoints, with Dr. Dent's sanction, an assistant physician responsible for the conduct of the service, on the same footing as any other assistant in charge of a service. The position is held by Dr. C. H. Holmes, assisted by Dr. C. Macfie Cameron. The records taken belong to Manhattan State Hospital, but remain accessible to the Institute. The salaries of the assistants of this service are paid by the Institute, whereas their food and rooms are furnished by the hospital. I herewith beg to express my special appreciation to Dr. E. C. Dent, and also to the members of his staff for many courtesies to my assistants and to myself.

Acute and subacute hallucinoses.....	8	Report of pathological institute
Korsakoff complex.....	6	
Alcoholic paranoic conditions.....	2	
Disorders of a more independent symptomatic type.....	7	
2. Drug and other toxic psychoses.....	2	
III. Autotoxic or infective or exhaustive types:		
Infective-exhaustive psychoses.....	3	
B. Disorders of largely symptomatic-prognostic types:		
1. Conditions allied to infective-exhaustive psychoses..	2	
2. Depressions not belonging to other specific groups:	19	
Essential depressions not sufficiently differenti- ated	6	
Symptomatic depressions.....	1	
Depressive hallucinoses.....	6	
Agitated depressions or anxiety-psychoses (largely of the involution period).....	4	
Depressions with additional symptoms.....	2	
3. Dementia præcox.....	25	
Paranoid forms.....	12	
Simple forms.....	9	
Catatonic forms.....	4	
Allied to dementia præcox.....	16	
4. Paranoic conditions.....	20	
Chronic systematized delusions of persecution.	10	
Chronic delusions of persecution of unsyste- matized form.....	5	
Paranoid states (ideas of jealousy).....	1	
Paranoic episode during ill-health.....	1	
Recurrent paranoic episodes with ill-health..	1	
Paranoic conditions (ideas of jealousy) with re- missions.....	1	
Recurrent paranoic episodes with neuras- thenic symptoms.....	1	
5. Manic-depressive insanity.....	17	
Manic attacks.....	12	
Depressive attacks.....	2	
Mixed conditions.....	2	
Delirious equivalents.....	1	
Conditions allied to manic-depressive insanity.....	9	
Excitements.....	7	
Depressions.....	2	

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C. Psychoses belonging to definite neuroses of constitution:	10
Psychasthenic insanity.....	1
Epileptic insanity.....	4
Hysterical insanity.....	3
Constitutional inferiority.....	1
Imbecility.....	1

TRAUMATIC PSYCHOSES

A discussion of the nature and circumscription of the *traumatic psychoses* is given in the American Journal of Insanity, January, 1904, with a few suggestions as to specific differentiations.

The following is a summary statement of the only traumatic psychosis which was received into our service during the year.

An epileptic, of whom there was no history of any previous delirious attacks, fell (probably during a convulsion) and struck the side of her head on a stone flooring. She was found a few minutes later unconscious with blood flowing from the ear and nose. Within the next 18 hours she had a series of about 20 fits. She then regained consciousness, but was restless and confused and showed a tendency to an occupation delirium. In a few days she became quiet and orderly, but remained poorly oriented and showed a marked disposition to confabulation of dream-like situations, without any marks of an epileptic psychosis. Hallucinations at this time were doubtful. She recovered in six weeks but there remained almost complete amnesia for a period of two weeks after the injury.

In two other cases trauma appeared to enter as a contributory factor in psychoses of other types. One patient, a woman of 63 years, after a slight injury to her back, became sleepless, fretted over her incapacity and developed a fairly typical anxiety psychosis from which she recovered. Another patient, 15 years old, developed, within a week after a slight blow on the head, malaise and later mild stuporous symptoms; she then passed into a peculiar state of distractibility and apparent perplexity, during which she seemed rather confused and gave very few distinct replies to questions; for several days she kept up a monotonous crying which was readily replaced by constrained smiling and an excessive display of curiosity over the most trivial incidents. She remained practically inaccessible and was deported after the observation had continued for only a few days. The temporary picture, with the scattered attention, suggestibility, stereotyped wailing and utterly inconsistent effect, presented so many of the features met with in the deterioration types that the case was grouped as allied to dementia praecox.

The first case only belongs here; the last two cases really do not deserve special mention as traumatic insanity, because they do not show any relation to any actual traumatic affection of the cerebrum. It is obvious that even in such a simple field, there is as a rule more than one factor to be considered, especially the actual physical damage, and the indirect shock-symptoms. It is especially necessary to report and specify this latter, because for some reason courts have a tendency to arbitrarily make a traumatic etiology dependent on the lesion of the skin or subjacent tissue, a notion which would lead to great unfairness.

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PSYCHOSES ACCOMPANYING DEFINITE NERVOUS DISEASES

The four cases in this group were divided as follows:

Two cases of cerebral syphilis, in both of which there was paralysis of the third nerve. The possible relation of these two cases to general paralysis was borne in mind. One patient of 40 years (date of infection unknown), after a period of headache, lost orientation, became confused and restless and while in this state developed complete paralysis of both the oculomotor nerves. Under a course of iodide of potassium improvement began and shortly after this the patient was removed from the hospital. The other case of brain syphilis developed six years after an infection at the age of 20; there was an acute onset of an hallucinatory delirium from which the patient recovered in two weeks. At this time there were only slight inequalities of the pupil, temporary speech defects and exaggerated knee jerks. Ten months later with intense headache there was a gradual development of right third nerve paralysis, then deafness in the right ear and a transitory hemiplegia. Considerable improvement has followed a course of antisiphilitic treatment.

The third case is one of transcortical motor aphasia with a recurrent utterance. The patient, 80 years old, shows senile behavior, memory defects and irritability of mood, and might properly be classed with the senile psychosis.

In the fourth case the diagnosis of a probable central neuritis was made. The patient, a woman 39 years old, had complained of attacks of dizziness and weakness for a few months, and had shown some slight change in disposition. Three weeks after a fracture of a bone in the hand she suddenly became delirious and was brought to the hospital. She then showed an intense episodic agitation, with fear, talked deliriously—yet remained relatively clear as to her whereabouts. At this time bilateral ankle clonus was observed

with some muscular twitchings in the arms. The delirious episodes subsided in a month; then for a period she was able to undergo examination, and seemed to have a generally hazy grasp of the past and claimed to know nothing about the injury to her head. Her mood and behavior gradually became more normal, but she was simple in manner and lacking in initiative, yet without evidence of general paralysis. The ankle clonus continued and she began to have attacks of weakness in which she would fall. Diarrhea developed, accompanied by progressive emaciation. She became again delirious, general rigidity appeared with strong muscular twitchings and episodes of jactitation of the arms. There was indistinct articulation and the speech was finally reduced to almost unintelligible sounds. Lumbar puncture showed no decided lymphocytosis. The patient died from exhaustion and unfortunately, withstanding our greatest efforts, no autopsy could be obtained.

Other nervous disorders observed, but probably without any relation to the psychoses, were—two cases of Graves' disease, and one case of muscular atrophy (published in the *Review of Neurology and Psychiatry*, 1906).

SENILE PSYCHOSES

The single case in this group was a senile depression with hallucinations and fear, in a woman 61 years old. The patient showed a peculiar crouched attitude and anxious manner. She spoke very little and often gave peculiar irrelevant answers and showed a tendency to perseveration. Defect symptoms were well marked.

Case 3 of the "Psychoses accompanying definite nervous diseases" might be placed here. The signs of senile irritability, which appear to have developed after the aphasia and necessitated hospital commitment.

GENERAL PARALYSIS

Among the 13 women in this group, one died and came to autopsy, one went home improved (later relapsed), and in one patient still in the hospital there appears to be a remission of the mental symptoms. In the other 10 cases the course has been progressive, in one case after the disease had previously run in a circular course.

Etiology. In four cases it was impossible to obtain any information upon which to form an opinion. In two of these cases there were suspicious scars, but in the other two there were no bodily signs. Four cases gave a positive history of syphilis or presented characteristic physical signs. In one other case syphilis was considered probable, because of numerous miscarriages, leg ulcers and exostosis of the tibia. One was a case of conjugal general paralysis. One

three remaining cases two did not become pregnant after a first miscarriage; in the third there was nothing in the anamnesis pointing to infection aside from miscarriage of the first pregnancy (the husband admitted an irregular life and two attacks of gonorrhoea). As regards heredity we were unable to obtain a family history in five of the patients; in the remaining eight, mental disorders had occurred in the direct branches in three cases. These were depressions with suicide—two; imbecility—one.

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No other important contributory or exciting causes were discovered in any of the cases. Two had become alcoholic with the onset of the mental symptoms; one had been an excessive tea drinker; in two cases the first pronounced mental symptoms followed emotional shock.

Physical symptoms. The physical type and the associated reflex and pupillary disorders were as follows:

Cerebral symptom-complex (increased K.J.)..... 8

Tabetic symptom-complex (absent K.J.)..... 5

Concerning the pupils we found:

Loss of pupillary light reflex..... 7

Cases with otherwise abnormal pupils..... 5

Pupils normal..... 1

The most common combinations of pupillary and reflex disorders were as follows:

Absent K.J. with loss of light reflex..... 4

Exaggerated K.J. with loss of light reflex..... 3

Focal symptoms were present in three cases; one had a transitory hemiplegic attack, one developed a partial paralysis of the third nerve, and one showed a marked paraphasia with perseveration and difficulty in finding words. Fits occurred in three cases. One died in a status of convulsions.

Lumbar puncture. The cerebro-spinal fluid was examined in 11 of the 13 cases. In nine cases there was a marked lymphocytosis and in the other two there was a distinct but less pronounced reaction,

Mental symptoms. The following grouping shows the most important types:

Simple demented forms..... 4

Expansive forms..... 3

Delirious forms..... 2

Anxious depression..... 1

Hypochondriacal mood varying with elation..... 1

Circular form (depression and excitement with remission)..... 1

Resembling an hysterical state..... 1

In one case not included in the above, the histological examination so far, leaves the diagnosis unsettled. The patient was a woman 45 years old, who showed clinically right hemiplegia with a mixed form of aphasia. Great rigidity appeared with contractures and automatic movements on the left side. Stupor and pulmonary oedema developed and the patient died in three weeks. In the cortex the granular layer had disappeared in many areas with remarkably little inflammatory reaction; slight perivascular infiltration was found and also plasma cells.

ALCOHOLIC PSYCHOSES

In view of the great variety of pictures met with in this group I feel that in a large number of cases, if the diagnosis is to convey any meaning at all, it must be in the form of a brief descriptive statement as soon as we get outside of the more characteristic forms of delirium tremens and acute hallucinosis.

In eight of our hallucinatory conditions only two correspond to the ordinary acute hallucinosis (Wernicke and Bonhoeffer). Some of the other hallucinatory forms occurring in this group were:

An acute hallucinosis with exaltation in a patient who had previously had recurrent attacks of irritability and overactivity at menstrual periods.

An hallucinosis following several attacks of delirium tremens with peculiar acts suggesting deterioration in a patient with residual effects of a previous middle ear disease; the voice was heard only on the side of the diseased ear.

A sub-acute hallucinosis with an episode of fear during an exacerbation of the hallucinosis; later there developed loss of initiative, deterioration in initiative, apathy and silly laughter while the hallucinations continue.

Two cases presented psychoses of a more complex character offering greater difficulty in their interpretation. One was a recurrent depression, the last attack with hallucinations, prominent delusions of influence and autopsychic perplexity leading to the elaboration of peculiar, fantastic ideas regarding her own personality and the identity of others.

Another case, now recovered, began as a depression, with feelings of impending danger, then feelings of passivity, of being under a peculiar power, while hallucinations gave contrary directions; a tendency to rhyming in speech was observed and the association tests gave 100 per cent of sound association.

Excitements with some resemblance to manic conditions occurred in two cases. In one with an exhilarated or irascible mood, the

were good samples of flight of ideas, but also a prominent paranoic trend. The excitement subsided in three months, but ideas of persecution remained and the patient was discharged merely improved. Report of
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The anxiety complex occurred in one case accompanied by cardiac distress and a tendency to occupation delirium.

Two cases were grouped as paranoic conditions. In one there was a limited system with prominence of ideas of jealousy. In the other the psychosis had existed for years and the patient had developed ideas of grandeur and showed some incoherence in thought.

In one case, after delirium tremens, polyneuritis developed, and the patient then passed into a paranoic state and later showed stuporous symptoms, with fear reactions. There was no resemblance to a Korsakoff delirium. The patient recovered from the polyneuritis and the mental symptoms subsided, leaving impaired memory, defective retention and loss of interest. There remained also rather strong, jerky tremors and speech defect on the test phrases.

KORSAKOFF'S SYNDROME

Etiology. In our series of six cases alcoholism was positively established in four; in the other cases it was the probable cause, as "moderate drinking," was admitted, and there was no history of any other toxic influences or infectious disease.

Onset. In three cases the onset was gradual, with memory defects, loss of orientation and fabrications. Two cases had a delirious beginning, and in one the mode of onset was unknown.

Recovery. None of our cases recovered without defect. In five cases the delirium subsided, leaving more or less weakness of memory, deficient power of retention and diminution in activity.

Polyneuritis. While all the cases showed a fairly typical delirium, only two had a frank polyneuritis. In some of our cases the polyneuritis appears to have been very mild, or to have disappeared entirely before the patient came under observation. Such cases may offer considerable difficulty in differentiation from general paralysis. The difficulties in diagnosis are further increased by the frequent occurrence of pupillary abnormalities, jerky tremors and speech defects. The writing frequently shows poor spelling and omissions, but we have not observed the characteristic transposition of the paralytic. We have observed in practically all of our cases a nystagmus-like twitching of the eyeball which may be slight or very well marked. Lumbar puncture has been of considerable aid in the diagnosis and in none of our cases have we found distinct lymphocytosis.

The following table shows, in addition to the etiology; the neuritic signs and accompanying eye-symptoms:

Cal

ETIOLOGY	NEURITIC SYMPTOMS	EYES	SPEECH	LUMBAR PUNCTURE
Case I. Alcohol.	Fully developed.	Unequal pupils, nystagmus.	Slight defect on test words.	Negative.
Case II. Alcohol. Syphilis many years previously.	Fully developed.	Pupils normal.	No defect.	Negative.
Case III. Alcohol.	Slight extensor weakness with absent K. J.	Pupils irregular; nystagmus.	Marked defect.	Negative.
Case IV. Alcohol.	Slight muscular tenderness; absent K. J.	Pupils normal; nystagmus.	No defect.	Not made.
Case V. Alcohol probably; scars suspicious of syphilis.	Transitory muscular tenderness; K. J. not altered.	Pupils unequal, sluggish; nystagmus.	Marked defect.	Negative.
Case VI. Alcohol excesses not established; no other	None except absent K. J.	Irregular pupils; at first sluggish, later	Marked defect.	Negative.

PSYCHOSES DUE TO DRUGS AND OTHER TOXIC SUB-
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Only two cases come under this division. One was a delirium in a woman of 43 years, who had taken 20 grains of phenacetine daily for two years. The attack was preceded by fainting spells, chilly sensations, tremulousness and momentary spells of confusion. She became depressed, restless, lost orientation and confabulated terrifying dream-like experiences. Hallucinations were not clearly demonstrated. Speech difficulty was present and also paraphasia. The experiences were retained as real for about a week after the patient had an orderly stream of thought, good orientation and grasp on the situation without any evidence of fluctuation of the level of the sensorium. Insight and recovery was complete in two months from the time of onset.

The second case was a patient of 52 years, who drank excessive amounts of coffee. During a period of worry over a business transaction she felt nervous, weak in the limbs, suffered from anorexia, sleeplessness and oppression about the heart. Suspicions arose regarding business matters, hallucinations of hearing occurred and a circumscribed paranoic development resulted. Physically there were fine tremors, increased reflexes and transitory speech defects. In the hospital the paranoic ideas were not further elaborated, improvement began quickly and the patient went home in three months without, however, having gained complete insight into the hallucinations and ideas of persecution.

INFECTIVE-EXHAUSTIVE PSYCHOSES

We group here the delirious and semi-delirious disorders with haziness of the sensorium which arise in connection with an infectious process or an asthenic state. There were three cases in this group as follows:

In the first case the psychosis followed an operation for carcinoma of the neck and ear, which necessitated ligation of the external carotid. The patient was already cachectic and anaemic, and shortly after the operation she developed a suspicious mood and passed into an hallucinatory state with loss of orientation and mild confusion. The patient was transferred in two weeks to another hospital.

In the second case, the psychosis developed with symptoms of puerperal infection. The picture was that of an apprehensive depression with hallucinations, general resistiveness and a tendency to reiteration. The sensorium remained relatively clear until shortly

atypical

before death, when the delirious symptoms became more prominent. The patient died of septicaemia, and at the autopsy there were found an ulcerative colitis and multiple abscesses in one kidney.

The third case was an excitement following typhoid fever in a woman of 24 years. Delirium was present during the height of the fever, but this disappeared as the fever declined, but during convalescence there remained an exhilarated over-activity. A month later there occurred episodes of excitement during which the patient produced a continuous stream of incoherent talk, at times amounting to mere a jumble of phrases, while at other times there was a plain flight of ideas; there was no pressure of activity in keeping with the productivity, but the excitement fluctuated markedly; at times she was quite clear, again with the excitement there were transitory symptoms of confusion and considerable difficulty in grasp. A few hallucinations occurred. The patient recovered in five months. This is, of course, an atypical case and might be considered as belonging in the manic-depressive group. (The patient has since had two brief episodes of excitement since her return to Europe.)

ALLIED TO INFECTIVE-EXHAUSTIVE PSYCHOSES

Deliria and allied conditions occurring without sufficiently definite infectious or asthenic etiology, and more or less atypical disorders on a ground of acute physical or other disturbance are grouped here. There were two cases of this kind.

A recurrent depression in a woman at 28 and at 35; the last attack was characterized by mild confusion, great perplexity, reiteration of innocence and anxious inquiries associated with difficulty in expression and slowness in understanding, while at the same time there was intense distractibility. Both attacks were quite similar and had developed with mild symptoms of a bronchitis or laryngitis, which had, however, disappeared before the patient came to the hospital. The first attack lasted about three weeks. In the last attack there was slight fever with leucocytosis; the attack lasted several months.

The other case began as a simple depression after an emotional cause, but the patient soon passed into an agitated delirium with hallucinations and great confusion; after the delirium subsided the patient remained for some time uneasy, perplexed, slow in reaction with imperfect grasp, and confusion over the past. During the delirium there was fever but no leucocytosis. As the patient had previously had syphilis the possibility of general paralysis was considered. Physical signs were, however, lacking and the spinal fluid gave no positive lymphocytosis.

DEPRESSIONS NOT SUFFICIENTLY DISTINGUISHED

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We meet with a considerable number of depressions which do not coincide with any of the more characteristic symptom-complexes. These often complex pictures are grouped apart here, each case of course requiring a brief statement covering the characteristic features of the psychosis.

There were six cases in this group. The following is a brief account of one of these:

A patient 39 years old, without any known cause other than a slight emotional disturbance, became somewhat exhilarated and later passed into a depression with sleeplessness, ideas of sin and self-accusations, then there occurred episodes of intense agitation, unexplained struggling, a terrified expression and a few nihilistic reiterations. She did not admit fear and hallucinations could not be established. The agitation alternated with periods of calm during which she was always found to be well oriented. The patient for years had had an enlarged thyroid and slight exophthalmus. In an exacerbation she became rapidly exhausted and died after two months in the hospital. At the autopsy was found, beside the enlarged thyroid, a broncho-pneumonia.

In regard to the diagnosis of this depression the sadness-retardation complex would not come into consideration, neither would a delirious state as the patient remained clear in orientation and grasp. There were more resemblances to an anxiety-psychosis, but in opposition to this was the preceding phase of elation, the blind struggling and shrieking without definite statements of fear and the intervals of placid composure—a group of symptoms only superficially akin to that of the typical anxiety psychoses of the involution period. The relation to the heart-disorder in connection with the exophthalmic goitre might approach the case to the one mentioned under symptomatic depression.

The other cases observed in this group were as follows:

A rather absurd hypochondriacal trend, in a patient 21 years old; with episodes of agitation and weak attempts at suicide; then a feeling of emptiness in the head and blankness of mind, a feeling that the emotions were dulled, that the memory and grasp were deficient; she feared permanent mental trouble from "injury of the brain" through result of the suicidal attempt. There was no slowness in motion, retardation in thinking or difficulty in grasp. The patient went home improved after four months.

A recurrent depression with an acute onset of suspicions, fears and agitation with hallucinations. The attacks developed usually during

lactation, after slight emotional shocks; at 21 (three months), at 26 (six months), at 31 (three months), allied to exhaustive psychomotor to depressive hallucinosis.

Depression with hallucinations, self-accusations and later a period of anxious agitation with symptoms of exhaustion; this was followed by mutism and resistiveness and finally an apathetic mood. The patient was discharged in nine months, still apathetic, and the question arises as to a possible relationship of the case to the deterioration group.

A recurrent depression with suicidal impulses.

A simple autopsychic depression after seduction; the patient was deported shortly after admission.

SYMPTOMATIC DEPRESSIONS

Only one case was placed in this group; the patient had severe heart disease from childhood. The mental attacks begin after a period of malaise and depression, with accentuation of the heart symptoms, dizziness, choking sensations and empty feelings in the head. The first attack was a delirious episode with fear succeeded by stupor. The second and third attacks were hallucinatory or breaks with fear. The patient recovered each time with insight. The attacks last from one to two months.

DEPRESSIVE HALLUCINOSES

This symptomatic diagnosis provides for those acutely developing depressive hallucinatory states which are not plainly phases of other psychoses. Such disorders may occur without any clearly defined cause, or they may suggest a connection with some more or less pronounced toxic or asthenic factors. As a rule the insufficiency of the etiology and the tendency for the psychoses to recur in the same individual are the most important characteristics. The sudden onset of the hallucinations and fear reactions while the patient remains relatively clear in orientation and grasp resembles in many respects the acute alcoholic hallucinosis, yet we can in such cases positively exclude alcoholism. In this connection we might mention that rather excessive tea drinking observed in several of our cases may have been a factor of some importance, yet, there were none of the physical accompaniments of a toxic psychosis. Moreover the purely depressive character of the disorder suggests provisionally a position apart.

Of the six cases in this group, two probably drank tea to excess; one was in poor health and one had sustained a slight fall; in two cases no cause could be ascertained. In four cases there had been recurrent attacks. We give as illustrations of these conditions the following:

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A woman 52 years old, with no history of any previous mental trouble, had passed through the menopause six years previously with the usual nervous and cardio-vascular symptoms. She had not been subjected to any toxic influences. Toward the end of a hot summer she felt tired out, and after a short period of dizziness, fullness in the head and palpitation she began to hear threatening and defamatory voices to which she reacted with fear and agitation. It was the devil talking, she was lost, God was going to punish her for an act committed years previously and which she had always regarded as a sinful one. The orientation became hazy during the height of the attack. There was no paranoid elaboration, the voices subsided in two months. The patient recovered and left the hospital with perfect insight, still retaining, however, the feeling that the act of her early life had been a wrong one. During the past three years the patient has had four such attacks, recovering from three and being now in the fourth. Each time there has been a sudden onset of hallucinations which dominated the picture and accompanied the fear and agitation. The idea of a previous sinful act always becomes prominent during the hallucinosis.

Another woman, 55 years old, had a short hallucinatory attack 16 years previously, from which she recovered perfectly. The second attack came on after a period of malaise and nervous feelings during which she probably stimulated herself to keep at work by drinking tea. She finally became sleepless, fears and auditory hallucinations developed quickly. She reacted by running away and seeking protection; orientation and grasp remained clear. The hallucinosis subsided in a week and recovery was complete.

The other cases observed in the group were:

Hallucinatory episodes with the menstrual periods in a woman approaching the menopause and who drank tea to excess; the last attack passing into a subacute condition.

Apprehensive hallucinosis tending to stupor; developed after a slight injury, in a patient 40 years old.

Recurrent hallucinosis during ill-health, reminding one of Head's types, but without evidence of referred pains.

Recurrent hallucinosis without any ascertained cause.

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ANXIETY PSYCHOSES

The depressions occurring in the involution period form no defined group, either as regards symptomatology or outcome. We find the most important characteristics of these depressions in anxious agitation with clearness of thought and freedom of movement. Yet there are involution depressions with little or no agitation, and still other cases in which it may be quite impossible to say positively that no difficulty in thinking exists. Other forms lead over to anxious delirium or hallucinosis of the senile or alcoholico-senile type. Our experience also teaches us that anxious depressions symptomatically quite similar to those of the involution period may occur earlier in life.

The following are brief synopses of four cases which we group under *anxiety psychoses*.

A patient 43 years old has had two previous attacks of depression, one at 23, the exact nature of which is unknown, and another at 35, a year before the present one and similar to it though less severe. The present attack developed gradually with sleeplessness, nervous dreams and vague fears. She began to review the past, felt she had interpreted sexual dreams to mean that she was possessed by a devil. She became anxious and agitated, poured out a whole stream of self-accusations, claimed that she had cursed God at the age of seven, and that she had been in the devil's power ever since. Orientation and grasp were clear, motor reactions prompt; no evidence of slowness in thinking. In the hospital the agitation has gradually subsided, but the gloomy mood and trend of self-accusation remain. Menstruation continues normal.

A woman 54 years old, became despondent at the approach of menopause, fretted over family affairs and feared insanity, because a sister had become insane just before the climacterium. After a period of sleeplessness, an anxious agitation developed; there was no evidence of hallucinations and actual fear did not appear to be prominent. Thinking and grasp remained clear. The agitation subsided, but the patient remained despondent and would invariably begin to weep when questioned. Physically there were arteriosclerosis, and aortic insufficiency. She became very feeble and had two attacks of pneumonia. Now, after 11 months in the hospital, her mood has become gradually more cheerful, she is stronger physically and her return home is contemplated.

In the next patient, a woman 55 years old, we have no account of the development of the psychosis beyond, that after a period of br

ing and sleeplessness, she became agitated, thought she was accused of murder and feared she would be killed. (Hallucinations?) In the hospital she clamored loudly against her fate, proclaimed her innocence and reiterated the belief that she was to be operated upon. This agitation was succeeded by a quieter period, and a mood of resignation, interrupted with episodes of anxiety in which she begged to be punished and "put on the table." At the height of the agitation the orientation was hazy and later when calmer the memory was inaccurate and retention defective; she did poorly with the thinking tests, the patient herself complained of an inability to recollect, referred to her mind as being empty and felt unable to apply herself to the tests. The patient's heart was weak, and after three months in the hospital she died rather suddenly. At the autopsy a parenchymatous degeneration of the heart muscle was found, with moderate atheroma of the aorta.

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The next patient, a woman 63 years old, became sleepless and low spirited after a fall, and although she recovered soon from the injury she continued to worry, feared that she would be a burden, became agitated and attempted suicide. She was given hypnotics and whiskey as sedatives and soon developed a craving for the latter. In a hospital for six weeks she improved only to relapse as soon as she returned home. On admission she was in a bewildered state, with fear and agitation. This condition quickly subsided. She gained good insight; there were no defect symptoms and in two months she went home recovered.

We group as (involution) depressions with additional symptoms the following two depressions, which were symptomatically quite different from the anxiety psychoses, and both of them showing well marked hysterical stigmata.

A patient, 56 years old, who in earlier life had given no evidence of a hysterical disposition, had an attack of bronchitis or grippe; after this she slept poorly, lost interest, talked despondently, claimed that she was dying, said that she could not breathe, and finally she refused to speak. In the hospital she affected extreme weakness, was often in a pseudo-stuporous state and gave few utterances beyond those of despair and anticipations of death. As a rule she was quiet, sat with closed eyes, showed no agitation or visible signs of anxiety unless when observed; then emotional crises were apt to occur; she would fall over as if in collapse, flop about, moan and groan, declare that she was about to die, etc. As far as could be tested the grasp and orientation was good. There was general analgesia and absence of corneal and pharyngeal reflexes. Physically she was suf-

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fering from diabetes of long duration and she also had a dilated heart. At the end of four months an acute attack of diarrhea developed, she became rapidly exhausted and died. (No autopsy was allowed).

A woman, 55 years old, after a hard struggle to support her family broke down, grew irritable and sleepless, feared to be alone and finally became anxious and agitated. In the hospital she was at first quiet, feigned great weakness and would act as if struggling for breath. She gave mostly negative answers to questions, declared that she could not see anything, said that her mind was a blank, could remember nothing, could not say what she wished to, etc. Her mind was fairly clear as to her whereabouts, but the mental attitude precluded any satisfactory tests of memory and thinking. There was universal analgesia and diminution of the corneal reflex. She refused food, gave hypochondriacal excuses, resisted all care, was at times agitated and would reiterate certain phrases. Diarrhea developed and she became exhausted and died of broncho-pneumonia after being in the hospital only 20 days. (No autopsy was allowed).

PARANOIC CONDITIONS

This division provides for the rather large group of cases showing essentially a chronic delusion formation; we include also the less frequent forms of an episodic or recurrent character. It is necessary to be present to make many subdivisions, some of which may lead later to the separation of other more definite groups.

The relation of some of these cases to the paranoid forms of dementia praecox remains unsettled. We refer especially to those cases that show in their later course some evidence of deterioration, chiefly in the form of ideas of grandeur, lessening of interests or incoherence in thought. At present we can not say that the type of deterioration found here, is identical with that occurring in dementia praecox, and it is important to note moreover that these cases have in a large number of instances developed on a different foundation from that upon which dementia praecox most frequently occurs. They have been individuals of at least average efficiency, and in whom we fail to find evidence of habit-disorders, or those signs of dilapidation of the personality seen so commonly even in the early stages of dementia praecox.

Our series of 20 cases seems to fall into the following subdivisions:

- Chronic systematized delusion of persecution.....
- Chronic delusion of persecution of unsystematized form.....

Paranoic state with predominance of ideas of jealousy.....	1	Report of pathological institute
Paranoic episode during ill-health.....	1	
Recurrent paranoic episodes with ill-health.....	1	
Paranoic condition (ideas of jealousy) with remissions.....	1	
Recurrent paranoic episodes with neurasthenic symptoms.....	1	

Age of onset. Excluding the episodic and recurrent form, over one-half of the cases began between the 35th and 45th year. In one the onset was before 30, and in one the first symptoms began after 50.

In the chronic forms improvement occurred in only one case. Both of the episodic conditions connected with ill-health recovered but did not gain full insight.

DEMENTIA PRAECOX

No cases were admitted to this group unless deterioration could be actually demonstrated, as occurring either in the period preceding the establishment of the psychosis or developing with the psychosis.

We have made special efforts to gain a better insight into the general make-up and type of mental organization found in these individuals, in other words, to analyze more carefully the type of constitutional make-up. Our experience seems to show that a very large majority of these patients have been individuals standing below the average in efficiency at least, and revealing quite early signs of abnormal character. We repeatedly note unsocial traits, unsteady application, lack of initiative, disharmony with the environment, emotional indifference, and above all the existence of disordered habits (especially in the sexual life) and the occurrence of dilapidated trends of thought, strange ideas and unexplained acts, contrasting strongly with the well retained clearness and good apprehension.

In 21 of the 25 cases of this group our information was sufficient to allow some idea of the disposition and general make-up of the individual. In 17 cases we found evidence of abnormal inclinations or disordered habits. These were as follows:

Sexual irregularities and habit disorders.....	8
Illegitimate pregnancies.....	3
Masturbation.....	5
Sexual precocity.....	2
Inefficiency at work or marked peculiarities.....	5
Arrest for theft.....	1
Alcoholism.....	1

The four remaining cases showed no striking peculiarities in character; one of them worked efficiently until the breakdown at 43.¹

¹In this group, as in others, we feel keenly the frequent absence of sufficiently well informed friends, since the large majority of our patients is of foreign extraction.

- al *Heredity.* In our material it is very difficult to obtain a complete history of three generations. In 24 cases we found the following
- | | |
|--|--|
| Psychosis in the parent or in brother or sister..... | |
| Psychosis in aunt..... | |
| Epilepsy in brother or sister..... | |
| Alcoholism in one or both parents..... | |

This leaves eight cases in which the family history was apparently negative, but in none of these was there complete information covering three generations.

As to the forms of psychoses in the family, the 10 cases with heredity show a great variety of types, viz:

Deteriorating psychosis.....	
Depressions with suicide.....	
Recurrent psychosis (probably manic-depressive).....	
Chronic delusion of persecution.....	
Paranoic attack (possibly recovered).....	
Epileptic (?) psychosis.....	
Organic dementia (probable syphilitic lesion).....	
Involution psychosis (not further defined).....	

Direct factors, other than heredity, but possibly related to constitutional disposition or habit-deterioration were as follows:

Childbirth.....	
Domestic troubles.....	
Constipation and hemorrhoids.....	
Alcoholism.....	
Ill-health (tuberculous).....	

Age of onset. In 23 cases the average age at onset was 27. The following tabulation shows the distribution in five-year periods:

Under 20.....	
20-25.....	
25-30.....	
30-35.....	
35-40.....	
Over 40.....	

Recovery. None of the cases in this group recovered and none showed any definite improvement.

ALLIED TO DEMENTIA PRAECOX

This division allows us to keep apart those rather numerous disorders probably akin to dementia praecox, but in which we cannot for the time at least specify any actual deterioration. Many of the

cases are types of an acute insanity, often presenting during the attack symptoms similar to those that we are accustomed to meet with in the course of a true deterioration psychosis, but which alone do not imply deterioration. We refer, for instance, to acutely developing delusional and hallucinatory states, hysterical-like episodes, excitements with odd behavior, stuporous states and even conditions with well marked negativistic traits.

We find that many of these patients have been relatively normal individuals without habit disorders or positive signs that the personality is undergoing disorganization. In 14 cases of this group only five showed decided constitutional peculiarities, whereas, in the dementia præcox series we found abnormal habits or deficiencies in 17 out of 21 cases. Among the five cases mentioned, sexual irregularities occurred in two, and the other three showed merely a seclusive or irritable disposition.

Heredity. In two of the 16 cases no family history was obtained; in the remaining 14 cases there was found:

Direct heredity.....	3
Alcoholism in parent.....	1

This leaves 10 cases with a negative history as far as ascertained, but here again many of the histories are incomplete for three generations.

Recovery. Three of the cases in this group appear to have recovered and four have improved.

The following brief statements will illustrate two cases which were grouped as allied to dementia præcox:

A patient 23 years old, had at 18 a short illness, possibly a psychosis, the nature of which is unknown. She fully recovered, however, and afterwards worked efficiently. Aside from a sensitive disposition there were no marked peculiarities in character and no habit disorders. For three years before the present attack she held one position, with the exception of a short interval when she left because she was dissatisfied with the servant's quarters; she returned in a short while and was given an advance in wages.

She seems to have been feeling out of sorts, when one day she felt that a gas leak in the house affected her; a week later she detected a peculiar offensive odor on her mistress and she then thought her own breath smelled of this odor. She felt upset and out of humor, got angry when reprimanded, and broke dishes; she was dismissed. In three weeks she took another position, but in a few days she became offended at some remarks and later became angry and destructive because her mistress bought a steak after telling her that she

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would get a roast. Because of a peculiar outbreak she was brought to the hospital. She was at first quiet and well behaved; gave a poorly connected account of her trouble, complained of ill-treatment by her mistress and put great stress on the terrible odor which affected her insides. Her mood varied, she was either whining and tearful or smiling and indifferent—so that it was thought the emotional reaction did not harmonize with the idea expressed. Orientation and grasp clear. No thinking disorder or evidence of flight.

Shortly after admission episodes of excitement occurred; she would run about, pull the beds to pieces or jump in bed with her clothing, smile in a silly way and call the physician husband. She said the medicine took her insides out, that her breath was rotten, yet notwithstanding this hypochondriacal talk she seemed mildly elated, a little distractible, gave smart and pert answers, mixing in false statements and absurd statements, e. g., that she was already married, had six babies, that her five year old son would come and kick the physician, etc. At times her utterances were quite incoherent and senseless—there was no definite flight.

In four months the patient appeared to be fully recovered, though she still felt that she had been badly treated by her employer. She then gave a good account of the attack, explaining in a reasonable way much of her previous talk and conduct—e. g., when she said that she had children she was referring to the children of her mistress; she had been in the habit of playfully calling them her children and during the attack the idea used to come into her mind that they were her own children.

Her hypochondriacal talk had been elaborated largely on a physical basis—stomach disorder and abnormal sensations accompanying a mitral lesion.

A patient 25 years old, had always been a little seclusive in disposition and lacking in industry; there were, however, no habits or orders or other serious defects in character.

For a few months before admission her work had been less satisfactory; she seemed absorbed and rather sulky. At this time she began to have queer feelings of pressure about the genital organs and the idea arose that she was assaulted at night; she felt that her abdomen was larger and peculiar feelings inside made her think that she was really pregnant.

A few days before admission she ceased work and began to act in an odd way; she then felt that she was under control; she went through peculiar motions, e. g., working her fingers as if playing the piano or rolling her head from side to side; she felt "wound up" and she would find herself going through such motions with the feel-

that it was forced upon her and she couldn't help it; her fingers would begin to go that way almost by themselves, without any previous thought on her part and without hallucinatory suggestion; she explained it to herself that she was being led by electricity.

In the hospital she was at first a little depressed, showed nothing peculiar in conduct and gave a good account of the development of the psychosis. There was no recurrence of the feeling of passivity; she quickly gave up the idea of pregnancy and assault and in three months she returned home in her normal condition.

MANIC-DEPRESSIVE INSANITY

We group here only those disorders in which the manic depressive symptom-complex is fully developed, i. e., showing in the manic phases flight of ideas, elevation of mood and over activity, and in the depressive attacks, difficulty in thought, sad mood and slowness in action or attacks showing a combination of both manic and depressive features—the mixed conditions. The delirious forms are excluded unless the history furnishes an account of previous typical attacks, or unless the attack itself contains the characteristic symptoms of a manic-depressive psychosis with merely delirious admixtures which sometimes appear only transitorily in the course of an otherwise typical attack.

The 17 cases placed under this group were divided as follows:

Manic attacks.....	12
Depressive attacks.....	2
Mixed conditions.....	2
Delirious equivalent.....	1

The following tabulation shows the number of attacks:

In the 1st attack.....	3	In the 5th attack.....	1
In the 2d attack.....	3	In the 6th attack.....	1
In the 3d attack.....	4	In the 7th attack.....	2
In the 4th attack.....	2	In the 8th attack.....	1

Heredity. In one case there was no family history obtained; in two cases only was there a negative family history (two generations). In the remaining 14 cases there was found:

Direct heredity.....	6
Collateral.....	3
Alcoholism in parents.....	2
Epilepsy in sister.....	1
Mother nervous and "hysterical".....	1
Family disposition to delirious attacks.....	1

11 In the nine cases with direct or collateral heredity the type psychoses found were widely distributed as shown below:

Recurrent psychoses (probably manic-depressive).....
 Senile dementia.....
 Deteriorating form.....
 Chronic psychosis of undetermined form.....
 Alcoholic psychosis.....
 Form undetermined.....

Etiology. The exciting causes of the attacks were various with preponderance of emotional causes. The attacks were connected with childbirth in three cases (including one case of abortion).

Nine cases recovered; four are still under treatment; one was discharged improved; three died, viz.: one of erysipelas with nephritis, one of broncho-pneumonia; one of lobar pneumonia after becoming greatly exhausted.

ALLIED TO MANIC-DEPRESSIVE INSANITY

If the manic-depressive picture is only partially developed, or there are unusual additional symptoms (and frequently unusual definite causes), the case is placed in the allied group. Of the cases included here all were in the first attack, except two.

Four cases of excitements in young women offered considerable difficulty in the diagnosis. In all of them there were at one time or another some manic symptoms but the pictures as a whole were atypical in several respects. The following brief account will illustrate one of these types:

A girl 21 years old had been failing a little in physical health several months. One day at church a remark in the sermon struck her as humorous, she restrained with difficulty an impulse to laugh and later she repeated the words of the minister and imitated his gestures. Shortly after this she was more willing to talk in company than usual; one day she asserted that she had been drugged at the shop and then she left off work. After this she was unduly happy, mistook strangers for acquaintances and made foolish remarks. Under observation an exhilarated mood was accompanied at first by some flights and word associations, but later her productions became more incoherent in form; she gave random replies, fabricated readily and made utterly inconsistent statements which were clearly in harmony with any underlying mood. A few chance remarks indicated that a good orientation was present. As the productive phase subsided there were impulsive and destructive outbreaks for which

she would give no explanation, and in fact at this time hardly any-
thing could be elicited from her except senseless giggling and boisterous, explosive laughter. After several brief lucid periods and relapses she recovered.

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Two cases in this group exhibited a paranoic trend with manic traits. One of these gave a history of some alcoholic excesses.

One patient after a surgical operation developed an irascible mood with overactivity, volubility and strong sexual excitement.

In one patient there had been recurrent attacks of depression with hallucinations and vague ideas of persecution. The later course has been complicated by attacks of hemiplegia. The last attack resembled somewhat a mixed manic-depressive condition, with, however, memory defects which do not seem to be explained by any temporary difficulty in thinking.

Another patient suffering from hereditary muscular atrophy of a nonprogressive type, developed after miscarriage and hemorrhage a hypokinetic state with depression; she became almost mute, lost clearness in orientation and was without initiative; her movements were languid but not excessively slow.

PSYCHASTHENIC DISORDERS

This group is represented by one case of recurrent attacks of depression in an individual suffering from impulses, doubts and fears with a special tendency to fret over an early religious experience. First attack at 17, lasting three months; the second at 29, duration five months.

EPILEPTIC PSYCHOSES

The four cases occurring in this group were as follows:

Simple epileptic deterioration with outbursts of irritability and violence.

Paranoic episode with hallucinations in a patient with convulsions since childhood and who had always been mentally inferior.

An epileptic dream-state in a patient who had convulsions from childhood. The epilepsy was attributed to an injury to the head but no localizing symptoms were ever observed.

The following is a brief account of an interesting case in which it seems probable that a manic-depressive psychosis has been superadded to epilepsy. The patient had infrequent convulsions since puberty. The first psychosis developed at 24 and was a depression following soon after childbirth. During labor the patient had a fit of the usual character, but seemed to be well until the ninth day of

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the puerperium; she then became sleepless, cried, prayed, talked of dying and finally became so disturbed that she was brought to the hospital. Under observation she was at first restless, inclined to resist and struggle, giving scarcely any utterances. In a few days she became quiet, was fairly clear as to her whereabouts, but was extremely slow in speech and action, had a puzzled expression, was easily perplexed, pondered a long while over simple mental tasks, complained of difficulty of thinking. She improved gradually and went home in five months recovered. The second attack occurred 14 months later, the first symptoms appearing a week after a convulsion. In the hospital there was at first a high degree of excitement with only fragmentary utterances, yet there were some signs of orientation. Some reactions indicated fear, but hallucinations were not clearly present. At the acme of the attack the motor activity appeared rather disorderly and purposeless, but this quickly assumed more form and bore considerable resemblance to a flight of action with theatrical attitudes and graceful gestures. The excitement subsided in a few days but she remained for some time in an agitated, playful mood with flighty productions and distractions. She recovered in two and a half months; she remained hazy for a few days during the height of the excitement, but gave no account of fear or hallucinations during the psychosis.

HYSTERICAL PSYCHOSES

Three cases came in this group:

1. Depression in a woman of 24, with aboulia and sea-sickness amnesias passing into an anxious delirium with hallucinations, a reaction to a dominant emotional idea which had disappeared entirely from the field of consciousness when recovery took place after four months.
2. Hysterical hallucinosis, in a patient 40 years old who showed ecstatic attitudes alternating with episodes of suspicion and anxiety. Circumscribed amnesias. Recovery in five months.
3. Delirium with dream-like hallucinations, in a young woman 20 years old; choreiform movements during the attack. Circumscribed amnesias and sensory stigmata. Recovery in two months.

CONSTITUTIONAL INFERIORITY

In this group we present disorders akin to the "neuroses," but definitely referable to hysteria, psychasthenia, etc., mixtures of those disorders, or simple oddities of make-up.

A psychasthenic state with recurrent attacks of excitement or delirious episodes in a patient addicted to the inhalation of chloroform and showing some hysterical stigmata. Report of
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IMBECILITY AND IDIOCY

Only one case came into this group; a medium grade imbecile, with recurrent attacks of excitement and depression which, however, have no resemblance to a manic-depressive psychosis.

CLINICAL LABORATORY WORK

In connection with the clinical service, clinical laboratory work has been carried on by Dr. J. H. Borden since May. The laboratory has been so organized as to be ready for the problems connected with the claims of the importance of disorders of the internal organs, circulation, blood conditions, abnormal products of digestion and metabolism and subinfections, and especially so as to bring the role of infections and auto-intoxications to a test.

Some irregularity in the readings of hemoglobin percentages led to an inquiry into the reliability of the available instruments. The comparison covered the Sahli, Dare, Tallqvist, and Fleischl-Miescher instruments. The Sahli hemometers tested, although very convenient and easily read, were found to give variable readings, owing to some faults of construction (irregular diameter of the tube), and moreover abnormally high readings (118 and even 150) for normal blood. They therefore require standardizing. The Tallqvist scale, if kept from light when not in use, is perhaps the best for routine work, but for very accurate work and as a control for other hemoglobinometers, the Fleischl-Miescher instrument appears most dependable. Dare's instrument does not commend itself on account of the difficulty of keeping out errors of reading.

A thorough investigation of the indoxyl group is in progress, avoiding, as far as possible, the errors into which most investigators of indicanuria have fallen. It was found necessary to draw in extensive studies with individuals not insane, and the results promise fair to put the whole question in a safer light.

The study of blood and of blood-pressure so far seems to confirm previous work; and the first steps have been taken to bring the claims of the Scotch school concerning the role of bacteria in several psychoses to a test.

Doctor C. B. Dunlap, associate in neuropathology, gives the following:

REPORT OF THE HISTOLOGICAL LABORATORY FROM OCTOBER 1, 1904, TO SEPTEMBER 30, 1905

The State insane hospitals have sent cases for anatomical investigation as follows:*

Middletown State Hospital.....	12 ca
St. Lawrence State Hospital.....	9 ca
Manhattan State Hospital.....	7 ca
Hudson River State Hospital.....	6 ca
Binghamton State Hospital.....	3 ca
Willard State Hospital.....	2 ca
Utica State Hospital.....	1 ca
Buffalo State Hospital.....	1 ca
Rochester State Hospital.....	1 ca
Craig Colony.....	1 ca
Total.....	43 ca

These are grouped according to the chief anatomical lesion as follows (two cases, Nos. 86 and 100, appear twice):

GENERAL PARALYSIS

ELEVEN CASES

88. *Middletown State Hospital.* General paralysis with marked cortical atrophy and almost complete blindness in a woman of 35. Syphilis denied. Duration about five years. (Used for study of cortex). Typical changes of general paralysis with the usual distribution; marked colloid changes in the vessels; marked optic nerve atrophy, only a small number of normal fibres in either nerve.

91. *Middletown State Hospital.* General paralysis of 10 years standing, little progress after the first few years. Death from accidental choking. Syphilis not recorded, but a deep scar was found on the glans. (Used for study of the cortex.) Not very marked but typical changes, with few mast cells and plasma cells in the vessel sheaths; few rod cells.

105. *Middletown State Hospital.* General paralysis in a patient of 44 with antecedent syphilis. Duration of psychosis three years and three months. (Used for study of cortex.) Typical changes with the usual distribution.

*Throughout this report the hospitals are mentioned in the order of those sending the largest number of cases; the accession number of the case is given, then the hospital from which it is received, and a short note is added to most of the cases.

115. *Middletown State Hospital.* General paralysis with somewhat focalized atrophy in the left hemisphere; right sided weakness and aphasia, in a man of 57. Syphilis at about 18. Duration of psychosis not recorded. (Used for topographical cortex study in hemisphere sections). Marked devastation of the cortex of the left central convolutions and other atrophic portions; also a typical diffuse process.

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101. *St. Lawrence State Hospital.* General paralysis and tabes dorsalis in a woman of 50. Syphilis not recorded. Duration about three years. (Used for cortex studies and spinal cord series.) Typical diffuse findings in the cortex and medulla; slight tabetic alterations (Trepinski's third system); degeneration in the left anterior horn of the first sacral segment.

113. *St. Lawrence State Hospital.* General paralysis, tabes dorsalis, pachymeningitis, with left sided false membrane, in an alcoholic of 44 reported to have had syphilis. Duration of psychosis eight years. Inconstant twitching of the right face, hand and forearm appeared one month before death. (Used for spinal cord series and cortex studies). A typical diffuse process with lymphoid and plasma cells in the usual distribution. Degenerations of early tabes, of a moderate degree.

90. *Hudson River State Hospital.* General paralysis, with unusually great frontal atrophy, in a Hebrew of 40; syphilis at about 23. Duration of psychosis about four years. (Used for cortex studies.) Very marked and diffuse typical alterations.

95. *Hudson River State Hospital.* General paralysis in a man of 35; syphilis of five years standing. Duration of psychosis probably less than one year. Many lymphocytes in spinal fluid. (Used for cortex study.) Typical diffuse alteration, with relatively little involvement of the paracentral cortex.

112. *Willard State Hospital.* General paralysis in a patient of 45 developing after locomotor ataxia which had existed four years or more. Fairly good evidence of antecedent syphilis. Duration of psychosis about one and one-half years. (Used for spinal cord series and topographical cortex study). Typical diffuse changes of general paralysis—small softenings in frontal and post-central cortex, and cornu ammonis. Hyaline material about many vessels. Advanced tabetic degenerations in posterior columns of cord.

96. *Utica State Hospital.* General paralysis, optic nerve atrophy and blindness, in a patient of about 42. Syphilis not recorded. Scar on the glans. The blindness is reported to have been due to a railroad accident sometime within three years of admission. Onset of

- 11 psychosis six months before admission; total duration 14 months. (Used for cortex study and for series of visual apparatus.) Typical diffuse cortex alterations. Complete degeneration of both optic nerves; not a normal fiber is found.

100. *Buffalo State Hospital.* General paralysis in a patient 39 whose left arm had been amputated near the shoulder 30 years previously. (Used for series of cervical cord, and cortex study.) Typical changes of general paralysis in the cortex. Reduction in size and in number of the left anterior horn cells, fairly confined to the lateral cell groups, and most marked in the segments C 7 and Th 1. Reduction in left substantia gelatinosa, in left posterior columns, and in size and number of left posterior root fibers—marked apparent reduction in size of left anterior roots.

LOCOMOTOR ATAXIA WITH QUESTIONABLE GENERAL PARALYSIS

ONE CASE

104. *Binghamton State Hospital.* Locomotor ataxia of probable 20 years' duration; mental disturbance for about 14 years. Died at 69. Diagnosis: terminal dementia. Syphilis not recorded. (Used for cortex study.) Only the brain was received. No evidence of typical general paralysis alteration; vessels of prefrontal cortex tortuous, with moderate lymphoid infiltration, but no plasma cells.

OLD SOFTENINGS

NINE CASES

86. *Middletown State Hospital.* Old cavity in right putamen, fresh hemorrhage in left. Marked atheroma of basal and cortical arteries in a man of about 46. About two years before death weakness in one leg (side?) and hesitating speech. Right-sided paralysis stroke six weeks before death. Right facial paralysis two months before death. (Used for glycerine mounts, since the lesions were not sufficiently well limited.)

118. *Middletown State Hospital.* Old softenings in right calcarine cortex and right cerebellar hemisphere. Advanced atheromatous changes in basal vessels, in a man of about 62. Focal symptoms not noticed. Psychosis diagnosed terminal dementia. (Used for occipital lobe series and cortex studies of cerebellar lesion.)

119. *Middletown State Hospital.* Old softening in right superior parietal lobule and in right internal capsule. Left hemiplegia and partial hemianopsia in a patient of 38, with a heart lesion, old infarct of kidneys and a history of sudden onset of hemiplegia at the age of 30.

of 31. This case, we hope, opens the series of lesion of the optic paths sent us with perimeter chart.

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120. *Middletown State Hospital.* Old softening in posterior part of right thalamus, left hemiplegia, poor vision; moderate basal atheroma, in a woman of about 75, who had a stroke of paralysis about five years before death. Psychosis, terminal dementia. (Used for series.)

102. *St. Lawrence State Hospital.* Extensive bilateral softenings of inner surfaces of occipital and temporal lobes destroying the calcarine cortex. Arterio-sclerotic narrowing, or occlusion, of posterior cerebral arteries. Total blindness of probably five months duration, in a patient subject to dizzy spells and severe pain in the head for years. No paralysis; no anæsthesia established. (Used for series.)

127. *Manhattan State Hospital.* Old softenings in right first and second frontal convolutions, casual finding. Arterio-sclerosis. Psychosis of some years duration, diagnosed as dementia, secondary to acute mania. (Used for series.)

129. *Manhattan State Hospital.* Old softenings in right corpus striatum and left lenticular nucleus and internal capsule. No focal symptoms recorded. Very emotional, wept if addressed. Three small frontal softenings. (Used for series.)

131. *Manhattan State Hospital.* Old softening in right frontal lobe in a patient of 61, with slightly thickened arteries—psychosis, a restless suicidal depression with no focal symptoms recorded. (Used for series.)

110. *Hudson River State Hospital.* Old softening in left internal capsule and thalamus, another beneath L. F. 3, another cutting into L. optic radiation. Marked atheromatous degeneration of arteries. Right hemiplegia, questionable right hemianopsia, and aphasia, in a patient of 63. (Used for series.)

FRESH SOFTENINGS

TWO CASES

97. *St. Lawrence State Hospital.* Fresh softening and swelling in left corpus striatum, with disorganization of the left internal capsule. Cardiac hypertrophy, mitral regurgitation, pulmonary infarcts. Right hemiplegia (leg, arm, face). Death in seven days, in a patient with slight atheroma of basal blood vessels. (Used for tissue study in large slices.) Acute softening with multiple small hæmorrhages. Much hematogenous pigment. Numerous local collections of leucocytes. Disappearance of nerve cells; poor stainability of remaining

elements; zone of large endothelioid cells forming a line of demarcation.

109. *Hudson River State Hospital.* Fresh softening of 10 weeks duration in left angular gyrus and left temporal lobe. Advanced atheroma of cerebral arteries. Right-sided weakness; aphasia. Psychosis, a busy delirium, difficult to manage. (To be used for tissue study in large slices.)

FRESH HEMORRHAGES

THREE CASES

86. *Middletown State Hospital.* See above, under Old softening.

87. *Middletown State Hospital.* Small hemorrhages, mostly cortical, in right cuneus and right anterior central convolutions, high up. Generalized and marked arterio-sclerosis of cerebral vessels. No focal symptoms recorded. A rather feeble woman of 70. Psychosis, senile dementia. Heart enlarged, with mitral systolic murmur. (Used for cortex studies, and studies of the hemorrhagic foci.)

117. *Willard State Hospital.* Large hemorrhage in right putamen; atheroma of cerebral vessels. (Record not yet available; use dependent on record.)

LESIONS PROBABLY DUE TO VASCULAR DISORDER EARLY IN LIFE

TWO CASES

125. *Manhattan State Hospital.* Porencephaly, exposing the lateral basal nuclei, in a patient about 41, who is said to have developed right hemiplegia and blindness at the age of seven years. Psychosis characterized by delusions of persecution, obscenity and resistiveness. (Used for series.)

93. *Craig Colony.* Cystic softening of part of left cerebellar hemisphere, in a patient of 20, epileptic since the second year. (Used for series.)

VASCULAR DISORDERS WITH WIDESPREAD CORTICAL CHANGES

ONE CASE

94. *Middletown State Hospital.* Intense obliterative arterio-sclerosis with extensive cauliflower puckering of the cortex. Epileptic attacks and progressing dementia for six years, in a man of 50 who had had syphilis at 20. (Used for vascular and cortex studies and mounted gross anatomical preparations.)

TRAUMATIC AND OPERATIVE LESIONS

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FIVE CASES

111. *St. Lawrence State Hospital.* Cortical destruction of anterior part of right temporal lobe, traumatic in appearance. Epilepsy and mild dementia. A laborer of 57. No history of trauma recorded. (Used for series of temporal lobe.)

126. *Manhattan State Hospital.* Left-sided lesion in pons; foci in the left temporal and frontal lobes. Fracture of base of skull. Right hemiplegia (arm and leg). Diagnosis, "dementia secondary to chronic melancholia." (Used for series.)

128. *Manhattan State Hospital.* Old enucleation of right eye, in an epileptic of 29. (Used for series of optic apparatus.)

99. *Hudson River State Hospital.* Complete transverse lesion of spinal cord in third lumbar segment (Elevator accident). Complete paralysis of lower extremities of 19 months duration, in a man of about 24. Psychosis, characterized by indifference, or at times anxiety and depression; delusions of a persecutory, or at times expansive character. (Used for series of spinal cord.) Ascending degenerations, complete and of the experimental type, in the posterior columns and in Gower's tract; direct cerebellar tracts practically intact. Below the lesion the cord is being prepared for complete series.

100. *Buffalo State Hospital.* Amputation of left arm. See above, under General paralysis. (Used for series of cervical cord.)

BRAIN TUMORS—PRIMARY

ONE CASE

132. *Manhattan State Hospital.* Brain tumor, of endothelial origin, in anterior part of left temporal lobe. Death after three days coma. Swollen hemorrhagic focus in midbrain, in a patient of 53. (Used for study of the tumor, and of midbrain focus.) Abstract not yet available.

METASTATIC BRAIN TUMORS

ONE CASE

89. *St. Lawrence State Hospital.* Metastatic brain tumor in left Sylvian fissure, undermining the middle portion of the motor cortex. Flaccid paralysis of right arm. Primary tumor found in right lung and pleura (probably endothelial sarcoma). Patient 45 years of age. (Used for study of tumor.)

BRAIN SYPHILIS

ONE CASE

92. *St. Lawrence State Hospital.* Brain syphilis, with large nodes invading the right crus cerebri and cornu ammonis, smaller nodes R. T. 3 and left uncus; small softening in left putamen. Gradual development of left hemiplegia (leg first, then arm; face not involved). A "cleanly industrious dement," of about 45, with recurring crops of nodes on the forehead which disappeared promptly under antisyphilitic treatment. (Used for study of nodes, and to be used in studies of degenerations, and for anatomical preparations.) Microscopically the nodes are of gummatous nature.

DIFFUSE PARENCHYMATOUS DEGENERATIONS

THREE CASES

114. *St. Lawrence State Hospital.* Peracute central neuritis. Choreiform movements of sudden onset, accompanied later by convulsions, without loss of consciousness. Terminal temperature 106. Death in three days. Intense axonal reaction in motor cortex. Generalized acute (fever) alteration of nerve cells. A physically robust dementia præcox of 34, who had been in the hospital for 14 years. (Used for study of cell and tissue changes.)

121. *St. Lawrence State Hospital.* Central neuritis of mild type in a woman of 61. Psychosis, a depression, sometimes with muteness, hopelessness and agitation, some somatic delusions. Reduced physical condition. Toward the end contractures of lower extremities, exaggeration of reflexes and varying rigidity. (Used for cortical studies, and for fiber degenerations by Marchi's method in large slices. The case shows very marked cell alteration but remarkably little fiber degeneration.)

98. *Hudson River State Hospital.* Diffuse polyneuritis; sudden onset; death in ten days. A domestic of 50, good habits. Psycho-senile for about 10 years, characterized by delusions of persecution and hallucinations of hearing, alternating periods of depression and elation. (Used for cortex, cord, and peripheral nerve studies. Negative findings by Marchi's method in spinal cord and nerve roots; very slight occasional perivascular infiltration (few lymphocytes and mast cells) in peripheral nerves.)

CONGENITAL BLINDNESS

ONE CASE

106. *Middletown State Hospital.* Congenital blindness, without gross lesions, in a feeble-minded woman of about 44. Psycho-

given as melancholia, in an imbecile. (Used for occipital lobe series, prepared for both cell and fiber study.)

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EPILEPSY

ONE CASE

116. *Middletown State Hospital.* Epilepsy with post-epileptic excitement and destructiveness. Rather small basal blood vessels, otherwise negative gross findings. A patient of 34. Duration not recorded. (To be used for cortex study.) Numerous "satellite" cells; considerable pigment; shrinkage changes.

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103. *Binghamton State Hospital.* Slight arteriosclerosis and pial thickening, in a patient of about 70. Psychosis characterized by delusions of persecution, irritability and occasional assaults. (Used for cortex study.)

108. *Binghamton State Hospital.* An essentially negative brain. (Record not yet available.)

107. *Rochester State Hospital.* A brain sent for dissection. Dementia præcox, tuberculosis.

In addition to this list two fetal brains were received from Rochester. Only one of these was in a sufficiently good state of preservation to be used.

In the above list it will be seen that 15 cases have appeared of sufficient value to be used for brain series; six cases for spinal cord series; and five cases for large slices, which as a rule take in most of the hemisphere. A considerable part of this material, about 20 cases, has already been reported to the hospitals, in whole or in part; and about a dozen cases are ready for a final revision before being sent out. Most of the large series work, however, requires about one year for preparation (fixing, mordanting, imbedding, cutting and staining) before the final report can be prepared. Much of the work of the year has necessarily been done on material received previous to October, 1904, as appears below.

In looking over the above list of general paralytics it will be seen that in all of the 11 cases the microscopical changes which are believed to be characteristic for this process were found. Usually the central convolutions showed a relatively slight degree of intensity, while the frontal and prefrontal cortex was usually most severely affected. An exception to this rule was found in case 115, from Middletown, where the central cortex was greatly disorganized.

The age of the patients at death varied from 33 to 57.

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From 33 to 39 there were three cases.

From 40 to 45 there were five cases.

From 50 to 57 there were two cases.

Age not mentioned, one case.

Syphilis was denied in one case, and is not recorded in two others. It was fairly probable in three cases and established in five. The period between syphilitic infection and occurrence of mental symptoms was noted as about five years in one case, and about two in another; in the rest of the cases there were no data on this point.

The duration of the psychosis was not given in two cases; in the others it was approximately as follows: Probably less than one year; 13 to 14 months; one and one-half years; three years; three years and three months; four years; five years; eight years; and 10 years (the last case died from accidental choking while in a relatively unprogressive stage).

As is indicated above special attention is being paid to the general distribution of the brain changes with the hope that we may not only sharpen the diagnostic eye for localizing symptoms of the tabes and cerebral affections, and establish the anatomical foundation of the neurological symptom types, but also get nearer the question whether such localization has any decisive influence on this type of mental disorder. In this connection we acknowledge an increase in accuracy in the clinical data and we can readily see that this State will be in a position to furnish an unrivaled material in the course of years, not only for a much-needed knowledge of the cause and variability in distribution, but also for the intrinsic study of the lesions and the light they throw on psychiatry.

The work of the histological laboratory has been furthered during the last seven months of the year by the services of two additional helpers. These persons were selected, by preference, from the hospital without previous training. They have become efficient workers, and the laboratory force is sufficient for present demands.

During the year, about 4,500 ordinary slides have been prepared and about 3,500 large slides, mostly in the form of serial sections of brains showing gross lesions. Among the more important cases represented are:

A very interesting brain series in a case of "mind blindness" from Kings Park State Hospital.

A series of the spinal cord in a case of tumor in the cervical region from Middletown State Hospital.

A series from a case of lesion in the supramarginal gyrus, from Buffalo State Hospital.

A series of a cystic softening of the cerebellum (case 93 of the acquisitions of this year), from Craig Colony.

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A series in a case of multiple softenings in one hemisphere, with defects in the corpus callosum, from Buffalo State Hospital.

A spinal cord series in a case of transverse lesion (case 99 of this year) from the Hudson River State Hospital.

A spinal cord series in a case of tabes, from St. Lawrence State Hospital. (No. 101 of this year.)

An occipital lobe series in a case of congenital blindness, from Middletown State Hospital. (No. 106 of this year.)

A series in a case of cerebellar tumor with cyst formation, from St. Lawrence State Hospital.

A series in a case of multiple acute and chronic softenings, from Hudson River State Hospital.

A series in a marked case of porencephaly with blindness, from Manhattan State Hospital. (No. 125 of this year.)

A series in a case of traumatic lesion of pons and left hemisphere (No. 126 of this year), from Manhattan State Hospital.

A series in a case of softenings in the occipital lobe, from Middletown.

EXPERIMENTAL AND COMPARATIVE WORK

In addition to the work done on material from the State hospitals 53 sheep embryos have been imbedded for a research on problems connected with the corpus callosum.

Experimental work on the regeneration of peripheral nerves has been carried on in young and adult dogs; and some work has been undertaken on experimentally produced degenerations in the pneumogastric nerve. Experimental research has also been undertaken with a view to determining the limits of the visual cortex in animals, and in order to investigate the changes accompanying development of functional activity in cortices of animals which have reached adult life with their visual organs intact, but without having been exposed to visual stimuli.

The question of satellitosis has also received further attention experimentally.

Work is now being especially pushed on the preparation of reports to the hospitals on the material they have sent, in order to bring these up to date as rapidly as possible, and in the course of the winter it is expected that the material now worked up by the histological laboratory will in the main have been reported to the hospitals. The plan that has been followed in these reports of specimens consists in giving:

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A gross description of the specimens received, in which the lesions are illustrated by photographs or sketches.

This is followed by a description of the microscopical preparations with photomicrographs in some of the more important cases. The slides actually described are sent to the hospital, marked—by means of sketches—in such a way that the changes described are readily found and verified.

Finally the gross and microscopical findings are summed up and correlated, as far as is possible, with the clinical data.

PHOTOGRAPHIC DEPARTMENT

The organization of the photographic department within the year, under the efficient management of Doctor C. I. Lambert, has done a great deal to facilitate the preparation of the reports. The specimens to be cut in series have been photographed (about 10 views) not only for purposes of orientation, but also in order to serve a record of the gross appearances (cut surfaces, relations, convolutions, etc.).

In several of the final reports to the hospitals a series of photographs have been prepared with explanatory legends, which supplement the series of stained sections. They form a convenient source of information on the individual case, and, at the same time, furnish illustrations of the general brain anatomy, together with the representative series of slides.

A number of specimens (about 30 preparations in fluid, and about 25 glycerine jelly mounts) which illustrate the gross aspects of brain pathology (hemorrhages, softenings, tumors, atrophies, etc.) have been mounted, photographed and placed in the anatomical series of the Institute. These photographs will be collected in the form of an atlas with explanatory notes to accompany the series. Whenever it has been possible, duplicate mounts have been made for the hospital which originally sent the specimen.

PLAN FOR COURSES IN LABORATORY WORK

There is throughout the hospitals a desire for further organization of the laboratory and postmortem work. The arrangements at several places are quite satisfactory; in others, the provisions for the clinical laboratory work have been rather inadequate, and still are quite a distance from the desirable aim, viz., that each hospital should consider as part of its official duties the carrying out of systematic and thorough autopsies in all cases in which permission can be obtained. Considering the increasing confidence of the public

not only in the justification of this step, but in the great desirability, ^{State hospital supplies} it ought to be possible to obtain permission in at least 50 per cent of the deaths, making due allowance for the racial and religious prejudices, which, no doubt, are gradually diminishing. In order to do our share in this movement, the Institute has made arrangements to help each hospital train a physician to be made responsible for this work. It is not feasible nor desirable to go outside of the existing staffs, in the selection of the men. Several hospitals already have men who have done active and, in several instances, excellent work in that direction; and where no special provisions have existed so far, an assistant is to be chosen who, by inclination and aptitude, promises most to become a stimulating worker and interpreter of the findings. Where the staff is large, and vacancies are frequent, it would seem best to fill another vacancy with a man who has preliminary experience in a laboratory of a general hospital, and who would show a desire to take up the special problems of our hospitals. A preliminary survey has shown that it will be best to arrange for a course for beginners and for a more advanced course to take place from October to December, 1905, and January to April, 1906.

In closing, I beg to express my appreciation of the hearty co-operation of the superintendents and the staffs of all the State hospitals, the staff of the Institute, and especially the active support of your Commission.

Respectfully submitted.

ADOLF MEYER

Director Pathological Institute

METHODS OF PURCHASING SUPPLIES FOR THE STATE HOSPITALS

Since 1893, when the Commission was first authorized by the statute to revise all supplies of whatever nature for the State hospitals, both as to quantity, quality and estimated price, it has endeavored through the adoption of all approved methods by the State hospitals to keep pace with the large and successful mercantile establishments in the purchase of staple articles used in the daily maintenance of these institutions. The law obviously intended that the initiative in purchases should be lodged with the local authorities, subject to the supervision above indicated, but the tendency of many of the hospital stewards to favor local dealers forced the Commission to limit the prices which it was sought to pay in the home market for articles oftentimes purchased in small lots.

Gradually a solution satisfactory alike to the institutions and the Commission was brought about. The Commission, acting on behalf

of the hospitals, appointed a committee of four, representing institutions in different portions of the State and including the auditor of the Commission, to which was committed the task of elaborating a plan by which the staple articles should be purchased in bulk.

Contracts covering the needs of all hospitals for periods varying from three months to one year are made by this committee, embracing flour, cereals, wet groceries, dry groceries, dried fruit, canned goods, paper bags, twine, curled hair, salt fish, smoked meats, white lead, wood screws, table damask, and crockery and glassware. While it is impossible to make accurate comparisons under the new system and the old one of individual purchases by the hospitals, the nature of the supplies being such that the price is regulated by varying conditions from year to year, a comparison of the prices paid for food supplies by the hospitals with the usual wholesale quotations will show the advantage accruing to the State. In a word, the new method has proven highly satisfactory, both as to prices paid and to the quality of supplies obtained.

Specifications and standards have been adopted which compel all bidders to name prices on practically the same grades of goods, and every precaution is taken by the committee and the stewards of the several hospitals to obtain precisely the grades contracted for. From time to time deliveries of goods which have not been up to standards have been attempted. These, in each instance, have been returned to the contractor at his expense, and articles of the proper quality provided, or purchases have been made of supplies in the open market, and the excess price charged to his account.

Successful bidders are required to give either a surety or freeholder's bond for the faithful performance of their contract.

Everything possible is done to insure competition in bidding. For a period of 10 days before opening bids, advertisements announcing full particulars are inserted in one or more of the daily papers of the principal cities of the State, and in some instances, of neighboring states. While this involves considerable expense, it is felt to be justifiable, for in this way alone can the best results be obtained.

That bidders may be kept in touch with the work of the committee, immediately after bids are opened and contracts awarded, tabulated lists of all awards showing prices are distributed to them, this affording valuable information for future use.

Until recently, the committee has found great difficulty in preparing a proper specification for the purchase of flour. Competition has been so keen between millers to secure the hospital business that they have, in some instances, underbid the market, and when d

liveries were made, have tried to substitute flour of a slightly lower grade than those originally bid on. This difficulty has, it is believed, now been entirely overcome, as will be seen by the following:

Thirty days before the opening of flour bids, notification is sent to all large millers throughout the country of the fact, and they are requested to submit a two-pound sample of a standard spring wheat patent, this sample to represent their delivery, should they be awarded the contract. This type is resampled, one pound of same being sent to a chemical laboratory for analysis which, to be considered, must meet the following requirements:

Gluten, not less than.....	10.
Ash, not more than.....	.40
Absorption, not less than.....	61.
Color.....	100.
Pounds of bread per barrel, not less than (weighed immediately from oven).....	280.
Quality of loaf.....	100.
Average value.....	100.

After the contract has been awarded, the hospitals are notified to place their orders immediately, and in order to hold the contractor in line, a two-pound sample taken from the center of 25 bags of each delivery is forwarded to the secretary of the committee, and by him, resampled and forwarded to the laboratories for an analysis and comparison with the original on file. Should the delivery prove to be inferior in any respect, a claim is made on the purveyor for an amount which is determined by the ruling price of flour on the date of delivery. While there has been some protest filed by the flour dealers against this method, it is believed that more satisfactory results can be obtained by this system than any other.

The results of the recommendations of the Commission are apparent in any fair examination of the tables presented year after year in its official reports showing the average purchase price of staple articles, if a comparison of these prices is made with those prevailing in the general wholesale market.

No argument need be adduced to show the advantages of purchasing supplies in large quantities. Uniformity of quality and price can be obtained in no other way, and these are of the utmost importance in a system comprising 13 hospitals located in various parts of the State and containing a population of over 25,000.

CONFERENCES BETWEEN THE COMMISSION AND STATE HOSPITAL SUPERINTENDENTS

Since the assumption of office by the present Medical Commissioner he has endeavored to establish a more practical plan in the discussion of subjects at the meetings of the State hospital superintendents which are held at stated periods at the office of the Commission. Programs are prepared in advance and the superintendents are expected to submit original papers at these conferences and also to be in a position to discuss them when called upon. A glance at the minutes of these meetings, which are made a part of this report, will show that the papers presented are of practical interest to persons engaged in the specialty and that they present, when considered in connection with the report of Director Meyer of the Pathologic Institute, a clear picture of the present status of psychiatry, as well as practical hospital administration in this State. It is not necessary for the Commission to refer to the obvious advantage of meetings of this kind, providing as they do a full interchange of opinion upon hospital matters between the Commissioners and the superintendents.

Notes of conference of State Hospital Superintendents with the State Commission in Lunacy, held at the office of the Commissioner, January 31, 1905, at 10.30 A. M.

Present—Commissioners Mabon and Parkhurst.

Utica State Hospital, H. L. Palmer, M. D., medical superintendent.

Willard State Hospital, R. M. Elliott, M. D., medical superintendent.

Hudson River State Hospital, I. G. Harris, M. D., first assistant physician.

Middletown State Homeopathic Hospital, M. C. Ashley, M. D., medical superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., medical superintendent.

Rochester State Hospital, E. H. Howard, M. D., medical superintendent.

Gowanda State Homeopathic Hospital, Daniel H. Arthur, M. D., medical superintendent.

Long Island State Hospital, Flatbush, O. M. Dewing, M. D., medical superintendent.

Long Island State Hospital, Kings Park, G. O'Hanlon, M. D., first assistant physician.

Manhattan State Hospital, East, J. T. W. Rowe, M. D., acting superintendent.

Manhattan State Hospital, West, E. C. Dent, M. D., Conference of
State hospital
superintendents
medical superintendent.

Manhattan State Hospital, Central Islip, G. A. Smith, M.
D., medical superintendent.

Dr. Wm. L. Russell, medical inspector.

Dr. Adolf Meyer, director Pathological Institute.

President Mabon, chairman.

The chairman called for report from the committee on regulations for visiting.

Dr. Wagner, chairman, submitted and read report.

REPORT OF COMMITTEE ON VISITATION OF PATIENTS IN THE STATE HOSPITALS

Gentlemen—Your committee respectfully reports that after the last conference it endeavored to obtain full information on the matter covered by its instruction and, to that end, corresponded with the superintendents of all the State hospitals. The letters received in reply to the inquiries made showed that conditions and practices vary widely in different parts of the State.

The prevailing sentiment, however, appears to be that visitation of patients except in cases of illness should be restricted to two or three days in the week, preferably Monday, Wednesday and Friday, and should be limited when practicable to the afternoon hours, but that hospitals in the country should allow the convenience of visitors to govern to a considerable extent. General visitation at the hospital should not be allowed on Sundays or holidays, but wage earners who come to see relatives or friends should be admitted on such days: that considerable latitude should be allowed in the visitation of chronic cases, but that close supervision should be exercised over the visitation of acute cases and such visitation should be prohibited when the condition of the patient appears to be such that excitement of any kind would be detrimental to his welfare. At some of the hospitals visits to chronic cases are apparently authorized by office attendants, but the majority of superintendents appear to regard it as important that permission from a medical officer shall be had before a visit to any patient is made. It is generally agreed that general visitors to the hospital should not be informed as to the condition of any patient without explicit instructions from near relatives of the patient or other persons who may be authorized to speak for him.

As regards paroling patients under the 30-day rule, the general sentiment seems to be in favor of such practice and it is the belief of your committee that such paroles should be allowed where the condition of the patient is such that neither suicidal nor homicidal tendencies are likely to develop and where the home surroundings are likely to be beneficial, but some superintendents object to such paroles being continued more than three months.

The views expressed in this report are therefore recommended for adoption.

Respectfully submitted

CHARLES G. WAGNER
M. C. ASHLEY

JANUARY 31, 1905

After a free discussion of the report, Dr. Wagner moved that it be amended by striking out the last paragraph, and substituting therefor the following:

"The views expressed in this report are therefore recommended as the report of the committee."

The report was then unanimously adopted.

Dr. Hutchings suggested the propriety of extending the period of patients from one to three months, but the opinion of the majority of those present was opposed to this action.

Dr. Hurd, as chairman of the committee appointed by the conference to confer with the Civil Service Commission, submitted the following report, as follows:

This committee was appointed by the conference to confer with the Civil Service Commission in reference to the examinations for medical positions in the State hospital service with a view to securing more and better men. The committee had such conference and a result were requested to act as examining board which we have done since April, 1904. We suggested the preparation of circulars familiar to the superintendents, their distribution to the general hospitals and medical colleges in the eastern states as far south as Virginia, and west as Illinois. The Civil Service Commission has had conducted examinations outside the State. Notices of the examinations were also published on separate sheets with details of the positions to be filled. The custom of examining internes was returned to. License to practice in the State and residence in the State were no longer required for internes, but graduation within three years from a medical college registered by the Registrar was required.

For junior assistants' positions: Actual practice for three consecutive years was a requirement accepted as equivalent to the already existing conditions, viz., one year's experience in general hospital or State hospital, provided the candidate was graduated within five years.

The year spent as clinical assistant was allowed to count in making up the year of hospital experience necessary to eligibility to junior examinations.

The committee has felt the necessity of careful marking for fitness and every candidate has been seen personally by some or all the members of the committee, or by the president of the Lunacy Commission, or some superintendent, and before the rating was fixed.

Between April 19, 1904, and January 1, 1905, two examinations were held for first assistant, two for junior assistant, and three for medical internes. In all 75 applicants were examined, of which number 52 passed and 23 failed.

Since January 1st another examination has been held at which six candidates appeared, but as the papers have not yet been marked no report of the results can be made. It is probably unnecessary to say that the preparation of the questions, the marking of the answers, the practical examinations, and the personal interview with the 75 candidates have consumed a great deal of time.

No fault with this would be found, however, if the committee could feel that good and satisfactory results had been reached. In order to find out something definite a circular letter as follows was sent to each superintendent:

Conference of
State hospital
superintendents

Dear Doctor—Will you kindly inform me for the benefit of the board of examiners for medical positions in the State hospital service, of the number of vacancies which exist in your medical staff at present, and the grade in which each vacancy exists? We should also like to know how many vacancies there have been in your staff during the year ending September 30, 1904, the position in which these vacancies have been, and the time during which each has existed. In addition to this we should be glad to have an expression of your experience during the year referred to as compared with previous years in regard to the difficulty in filling positions, and the comparative qualities of the candidates.

Very respectfully yours,

CHARLES W. PILGRIM

Chairman

While the replies to this letter are too voluminous to read, the opinions expressed were to the effect that it had been extremely difficult to fill the vacancies and that those who were certified as eligible were below the standard which existed some years ago in regard to medical and personal qualifications. In the majority of the hospitals vacancies still exist with but little prospect of being filled, for at the examination held on the 21st instant, there were only two candidates for the grade of medical interne and but four for that of junior physician.

One superintendent writes: "Although well equipped with the jargon of the laboratory and the lecture room, they are of smaller stature professionally and socially. In physique when up for inspection, one exhibited partial deafness, another speech impediment, almost defying the understanding of his broken Polish, another was crippled, and still another more lightly touched, dragged a helpless leg after him." It is perhaps unnecessary to say that the candidates mentioned were not passed by the present examining board.

Another superintendent aptly described the situation as follows: "The difficulty I have had in filling vacancies on the staff has been a drawback to the work of the institution, and I believe that in a measure it could be remedied by increasing the salaries of the medical men, and the superintendent be permitted to appoint, as was formerly the case, medical internes, without Civil Service examination (or even junior physicians). In conversing with a number of young men, they have been frank in telling me that as they encountered so much difficulty in securing positions in the State service, they preferred to spend their time in preparing for other hospitals or general practice, regarding the salaries as too low, and the time spent in the work as practically lost, inasmuch as it did not fit them for general practice."

These criticisms we are bound to confess are just and conservative, but it is some consolation to know that we are not alone in our

of troubles, for the army medical service, even with its many advantages, labors under the same drawbacks, and there is now before Congress, the aim of which is to increase its efficiency. The bill has received the approval of Surgeon-General O'Reilly, Secretary of War Root, and Secretary Taft. A memorandum accompanying it states three serious defects of organization which handicap the efficiency of the medical department of the army at the present time. These are:

First—An inadequate number of commissioned men to properly perform the medical service.

Second—Insufficient inducements in the way of pay and promotion to attract the most desirable class of young physicians to the service.

Third—No satisfactory means of expansion to meet war conditions.

The first two criticisms apply with equal force to our own medical service, and in the opinion of this committee the time has come when a complete reorganization of the medical service should be made in order to meet the present requirements. Our large hospitals with their increased staffs make promotion slow and uncertain, and there should be some scheme evolved whereby the brightest of our graduates would be willing to take up the work as a life career with the certainty that promotion would come with regularity as it does in the United States service, and with the knowledge that faithfulness and ability would in time lead to at least a moderate certain income, with home comforts, and some honor. The men whom we are appointing to-day will in a few years be directing great work, and a policy should be adopted now which will ensure their steady advancement by able and ambitious men.

A record of 35 successful examinations, below the grade of assistant, during the year, with 25 appointments, gives us reason to feel not entirely discouraged, but it is evident that something should be done to make the service more attractive to bright young graduates. We have studied the conditions in the army and marine hospital medical service, and note certain differences from the State hospital system, which are worthy of thought, viz., a scale of salaries increasing up to 20 years of service; second, certainty of promotion at stated intervals on passing an examination; separate living quarters allowing officers to be married and to live a more natural and comfortable home life, and a pension at a certain age, assuring them of a respectable maintenance after the period of usefulness is passed. All tending toward increased attractiveness and permanency of and in the service. We do not necessarily recommend these changes, but state that they are points of difference worthy of study by a committee, which we would suggest should be appointed for the purpose of considering the whole question of the improvement of the medical service.

CHAS. W. PILGRIM
WM. L. RUSSELL
ARTHUR W. HURD

Upon motion the report was accepted.

The chairman appointed as a committee on the reorganization of the medical service, Drs. Pilgrim, Hurd and Russell.

Dr. Wagner offered the following resolution:

Resolved, That the conference of hospital superintendents with the Commission petition, through a committee of the conference, the Civil Service commission to modify the regulations concerning the appointment of medical internes.

In reference to this matter, he said that medical internes should be appointed without a competitive examination, but by non-competitive examination conducted by the present examining board representing the State hospital system, and within one year from the date of appointment they be subjected to a further examination for promotion, and that failing in such examination their service in the hospital should terminate. They should be required to take the first examination for the position of junior assistant which occurs immediately succeeding the expiration of one year of service, except in the case of an interne who has already had a year's experience in a general hospital.

The motion was carried unanimously.

The chairman appointed the present board of examiners, with Dr. Wagner as an additional member and as chairman.

The chairman called upon Dr. Hutchings to read his paper, "How can the hospitals reap the greatest benefit from the Pathological Institute."

Dr. Hutchings: The preparation of this paper devolved upon me at a time which left but scant opportunity for that degree of thought and reflection which a paper of its character deserves. I had already in mind some ideas which I purposed to embody in the discussion on this subject, and these, somewhat elaborated, constitute all that I can offer to a discussion in which the junior member could more appropriately heed than instruct.

It has been said by some critic, in speaking of medical work and original research in insane asylums, that for 50 years succeeding the recognition of general paralysis there was no further advance in psychiatry. I will not take up your time with the discussion of such a purely academic topic as the achievements of hospital men in this State during the past 50 years. They were not idle. In every material sense their work was monumental. They bore their part in a general revolution which wrung from reluctant legislatures and an apathetic public all the improvements which we have come to look upon as bare necessities. The insane have been rescued from degradation and suffering, and State hospitals have been built and organized as good as any in the world. The construction, organization, and perfection of institutions were the subjects which occupied the minds of hospital superintendents; occupied them to the exclusion of time requisite for proper study of the disease itself, even if there had been sufficient improvement in methods of research and instruments of precision to have rendered possible any satisfactory return.

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Have the prevention and cure of insanity advanced in the degree as the material comforts of the insane? Of the prevention I am safe to say no. Of the cure, I may safely be skeptical, stating the case thus bluntly, it is not my intention to belittle achievements of the few who labored under many disadvantages in the field of research. My object was rather to bring out this question: "Is it necessary for hospital superintendents to continue along the old lines of endeavor?" Could we not leave such suggestions to the State Commission in Lunacy and devote more of our time to original work in some other direction? Considering the problem from a purely practical and economical point of view, the subjects of prevention and cure call loudly for solution. The rapid increase of insanity in this State is from 600 to 900 annually, sufficient to require a new State hospital every two or three years. What will be the conditions 50 years hence? History teaches that when any conditions reach a degree where they become unbearable, human ingenuity finds relief. In the 100 years preceding the introduction of vaccination, it has been said that less than 50,000 of human beings perished of small-pox; it is not too much to hope for some preventive or curative agency for certain varieties of insanity, such as general paralysis, which would render that disease as rare as small-pox is to-day?

Scientific investigation has now reached a stage of development where the best directed individual effort can accomplish but little in any direction. All of the great achievements in medicine in recent years—the germ theory, aseptic surgery, antitoxin treatment—more recently, those brilliant studies in malaria and yellow fever—were all elaborated along different lines from the rather superficial observations of Pasteur upon the nature of yeast ferment. Pasteur did not himself comprehend, and could not have comprehended the wonderful results he was destined to bring about.

What we need in the study of insanity is co-operation. A bright thought will easily go for nothing if some bystander does not suggest a corollary. One trouble with hospital men is that we are too much isolated. We do not get together often enough for exchange of experience and opinion. Even in a staff where cases are discussed regularly, the members come after a time to a pretty uniform way of looking at things. They recognize certain standards and limitations, and the tendency is constantly toward uniformity in thought and effort. Our associates outside of the staff are medical men who are not in touch with our work and can only help us indirectly. The State Commission in Lunacy in establishing the Pathological Institute doubtless had these facts in mind, and they have put it to us squarely to overcome them through that agency. All of us are agreed that medical work in State hospitals has received a great impetus during the last five years, and there is no doubt that the Pathological Institute should be given much credit for the change.

The point we are now considering is "How can we get out of the Institute the greatest degree of good?" In the first place is the question of our isolation. This has already been dealt with in the practice established there of giving instruction to assistants.

physicians from the several State hospitals in classes, each of from one to three months' duration. This has been beneficial in infusing new ideas and perfecting the men in observation and methods of work. It is unfortunate that the superintendents themselves are debarred by the exacting nature of their duties, particularly as treasurer, from sharing equally with the assistants the benefits of this instruction. The tendency at present is toward educating the assistants beyond the superintendents, and pushing the latter more and more into the background as authorities on insanity. This is all wrong; when a superintendent can no longer be the leader of his staff and the final authority on disputed questions of diagnosis and treatment, either his office or that of the steward is superfluous. The superintendents should have an opportunity of getting together at Albany and at the more centrally located hospitals for the examination of instructive cases and the discussion of subjects pertaining especially to the prevention and treatment of insanity.

Last year there were two such meetings held at different hospitals which were successful and might well be repeated. The plan of sending a trained clinician to the different hospitals to review and criticise the medical work, as was done last summer, is a good one, and it would be better if there was a member of the institute staff detailed for that duty alone, and who could visit each hospital three or four times a year.

I mentioned on a previous occasion the advantages that would accrue from the exchange of medical histories between the different hospitals by having the completed cases printed and distributed. We may have a case of unusual interest at Ogdensburg, such for example as a psychosis following a certain kind of poisoning, and wait for years before there was a similar one to compare it with, while there might be several in other parts of the State inaccessible to us. My plan would be to have every completed case, that is, completed by death or recovery, printed on a uniform leaflet, and distributed by any convenient method to all the hospitals. This would stimulate the men to greater accuracy in methods of examination and in their conclusions, for each case would pass under the eye of many critics. The leaflets when received could be classified by each man according to any scheme and bound in volumes. We would in this way accumulate a vast store of clinical material, which would otherwise lie forever buried in case books. To render such records valuable and avoid errors they should be submitted to the director of the Pathological Institute, and by him examined and finally printed.

The members of my staff are always interested in the discussions at the psychiatric meetings of the New York Neurological Society, and turn to the proceedings that are published in the medical periodicals as soon as the journals are received, and I have frequently heard the members refer to cases they had seen or heard of in other state hospitals, and express a wish for a copy of the case, but could not with reason ask it since it would entail what appears now to be an unreasonable amount of work in copying it.

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The Medical News in a recent editorial, in commenting upon the waste of energy on the part of medical investigators in going over ground which had already been partly covered, and their ignorance of what has already been published bearing upon some phase of the subject, suggested that the Carnegie Institute at Washington act as a clearing-house for medical research. Any one interested in a particular subject could write to the director and obtain references to published articles, if not reprints of them, and suggestions as to what remained that could profitably be investigated. It seems to me that the director of the Pathological Institute could admirably fulfill this office for the State hospitals; with sufficient qualified assistants to relieve him of the routine work and correspondence, he could supervise original investigations undertaken by any one in the service, and in the course of time as he deemed it proper, could indicate to the assistants particular lines of inquiry.

I believe there are among the assistant physicians plenty of men with well trained minds, who, in the proper environment, could be developed into investigators of the first order. Such men should be still more encouraged by opportunities and time for original work, even to the extent of detaching them, where the results promised to warrant it, without loss of rank or pay, for a year or two at a time, from hospital duties, and assigning them as students or assistants to Dr. Meyer. Such assignments are commonly practiced in the army and original work of very high order has been done by the army medical department.

I was not invited to discuss ways and means and so shall not attempt to forestall criticism of any of these suggestions on the ground of lack of funds, except to say that the increasing burden of the dependent insane renders an item of expense looking to the cure or prevention of insanity, just as much a common-sense business proposition as the purchase of land and the erection of buildings. Not a dollar should be expended without careful planning and thought, but once a line of inquiry has been inaugurated, no question of expenditure actually essential to the work should interfere with its completion.

The Pathological Institute has done more to improve the character of the medical work in State hospitals in five years than all the desultory efforts of medical superintendents since the Utica State Hospital was established. There was no magic in this; it was not accomplished without genius and hard work. What has already been done is but an index of what is yet to come when the difficulties attending the inauguration of a new project have been overcome, and the Institute is operating in harmony with its 14 or 15 branches in as many States hospitals. But we shall lose much that is desirable for us to have and postpone needlessly much that we will in time attain if we go not about this business with an abiding faith in the utility of it all. The Institute can only be what we make it. It cannot maintain an independent existence and survive, and no hospital can do the best work if it works alone. The conclusion is therefore inevitable that we can gain the greatest advantage from the Pathological Institute by co-operating with it.

Dr. Wagner: I presume I ought to have prepared a formal presentation to the meeting, but I have not. In regard to Dr. Hutchings' paper I want to say that I was very much interested, and some of the things that were brought up pleased me very much, but there were some other things in which I could not quite agree with him. As regards the character of the work done in the hospitals during the past year or two I agree fully with Dr. Russell that it is of a very much higher grade than was ever done in my experience of 20 years in the service before. Our histories are in better form, and they are very thoroughly and conscientiously worked up, and I think that Dr. Meyer's instruction in that connection is responsible for this very great improvement in the work. Dr. Hutchings spoke of a printed leaflet regarding the finished histories. I had not thought of that, but it seems to me that that is one of the very best suggestions that he has made for the improvement of the service, and I hope the Commission will see its way clear to make arrangements to have at least important histories reported in that way and circulated among the physicians of the several hospitals. Dr. Hutchings would like to see the medical superintendents relieved of official work to a considerable degree in order that they might be the real medical heads of the institutions, and do work that would entitle their opinions to be regarded as final in diagnoses and other medical work. I think that is all right as far as it goes, but the practical management of the State hospitals I believe necessitates that the medical superintendents must do a large amount of other work than medical work or a high standard of efficiency cannot be attained and maintained. There are a great many questions that come up continually that must be settled by the medical authorities that are not in the ordinary sense purely medical, and just as soon as you delegate them to some other officer than a medical officer you are opening the door to very serious deviation that inevitably will result, in my judgment, in deterioration. I like the idea of detaching a man from the medical staff, and having him assigned for a year at a time, or even more, at the Pathological Institute for the benefit of the instruction that is given there, and I am sure that after such instruction the man, if he is a qualified and capable man, will infuse new zeal and energy in the work in the several hospitals. Now I want to offer a few remarks in another direction. I do not wish to criticise the Pathological Institute at all. I think that the work that is being done is of a very high grade, and that Dr. Meyer deserves the highest credit for what he is doing and for his plans for the future, but in some of the hospitals I have noted a little feeling of unrest among the members of the staff because things do not come quite as promptly as some of them impatiently, I think, hope for, and a little spirit of criticism has grown up, not malicious at all, but indicating a little dissatisfaction. Now I think that this is the proper place to make clear the feeling that exists among at least the men of my staff, and with that in view I have asked them to carefully consider Dr. Hurd's letter to me in reference to this matter, and to prepare a little statement which indicates their sentiments, and I would like to read that statement, if acceptable to the conference. It is as follows:

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To the Superintendent:

In response to your request we hand you herewith some memoranda about the question "How can the State hospitals receive the greatest benefit from the Pathological Institute?" -

The question is a somewhat complicated one and as our views may seem to differ in some respects from those of the director of the Pathological Institute we hesitate to express them. As, however, they have been asked for, we would respectfully offer the following:

The Institute has made many requests of the hospitals since Dr. Meyer became its director, and has issued bulletins of information which bulletins dealt largely with methods of examination of material, in other words with the matter of clinical psychiatry. Among the requests were that certain methods be used in the examination of patients; that certain proposed classifications be followed; that pathological material consisting of brains removed and prepared in the manner suggested by Dr. Meyer, namely, autopsy, at as early an hour as possible and subsequent preparation of the brain in formaldehyde be sent to Ward's Island, and that from time to time members of the staff take courses of instruction at the Pathological Institute.

In return the Institute promised a number of things, chief of which was that it would prepare, section and stain pathological material sent to it and return to the hospital a series of these sections taken at regular intervals from the entire series, which sections should represent the pathological conditions discovered and be accompanied by a detailed description of the same for our guidance. This hospital responded as best it could to Dr. Meyer's request. At an expenditure of much time and great trouble permission was obtained for a number of autopsies and the autopsies made. This pathological material was sent in five cases to the Institute, the first brain being sent more than two years since. Nothing has been heard from this material except that we have received drawings of the macroscopical appearances of the first brain sent, which appearances were observed by the most casual beholder, and indeed which had been observed at the hospital before the brain was sent. It may be remarked that the report was obtained at the request of a member of the staff upon the occasion of one of his visits to the Institute. We know nothing of the disposition of the rest of the material beyond the fact that the Institute seemed to be so busy that it had not had time to handle it. While it is not intended as a criticism upon the methods of the Institute it must be admitted that if it insist on an observation of the hospitals of its methods the physicians who are carrying out these methods will feel some disappointment in the failure of the Institute to comply with its portion of the agreement.

In this hospital several members of the staff have taken the short course at Ward's Island and seemed to have profited thereby. Interest has been aroused in new methods of examination and these methods have been applied so far as the time and force at our disposal will admit.

No opportunity seems to have been given us to show any originality in method or belief. Several of us had been trained

years of experience to regard mental states in a certain very definite way; we believed in melancholia and we thought that we saw it; we believed in mania and thought that we saw it on our wards; it also seemed to us that the various terms used in our former classification of insanity had more or less well defined meanings; when we referred to melancholia we expected our hearers to understand the condition about which we were talking. It was difficult for some of us at least to alter our entire method of classification and observation cases. This difficulty was not removed when we made an effort to obtain information about some of the states in whose existence we had been trained to believe. We cite for example the question of paranoia. An assistant physician in search of information asked to have this condition defined and placed in the classification proposed by the Pathological Institute, but the only results he was able to get was that the Institute had never been able to find out what the name meant. We were told that there was no such thing as mania, and practically told that there was no such thing as paranoia, but no substituting evidence of the value of the proposed classification has been put forth, except in the description furnished by the Pathological Institute of cases observed by them. We have been asked to study general paresis, recurrent mental conditions and other mental states through their eyes and apparently sufficient reason has not been forthcoming for this.

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It would appear to us that merely as a suggestion the Institute might increase its usefulness by taking a position akin to that of the modern correspondence school; difficult cases which are met with by assistant physicians might be examined according to the method proposed by the Pathological Institute and when questions of any kind arose this examination, together with whatever other information might be obtained, could be submitted to the Pathological Institute and difficult points explained clearly and at length by the Institute, thereby making at least a bureau of instruction of itself from which aid in the diagnosis of our cases could be had in a reasonable time. Visits to the various hospitals would be of value, especially if some of our most difficult cases could be examined and as much light as possible shed upon them by the Institute's representative.

In conclusion we have to say that these criticisms are entirely without malice, but are made simply in an endeavor to state the facts as they appear to us, and to offer a general idea as to the remedies which might properly be applied. We might go on to state in detail the value of permitting the members of the staff to receive credit of some kind for the great amount of work which has been and is being done at the instigation of the Pathological Institute.

All of which is respectfully submitted.

Now when I asked for this statement the doctors had no idea that I would offer it directly to the conference. They simply made this report to me personally, but I thought it of so much value, and I thought it had so much meat in it, that I ought to submit it to the conference in order that Dr. Meyer and all of us might know just how the situation impressed the members of my staff.

Dr. Ashley: Staff meetings are held daily (Sundays excepted) at which time a case is presented for examination, diagnosis and discussion. We have found these meetings to be instructive and all get the benefit of the instruction. We have planned to extend the organization to the examination and discussion of some of the cases of organic nervous disease now in the hospital, and the discussion of pathological specimens worked up at the hospital and those received from the Pathological Institute.

More autopsies are made than formerly and such specimens of value are sent to the Institute for more thorough examination and study.

Several physicians of the staff have at different times attended courses of lectures at the Institute. An especially valuable one was that which extended from October 1 to December 25, 1900. This course covered nervous anatomy, methods of pathological research, the present status of psychiatry as presented by its votaries in different countries, and methods of examination of patients. The course was of benefit to the service by the physicians in attendance gaining a better appreciation of how to examine mental cases fully, quickly, and to bring out important points. The plan utilizing these points is now in use by all the members of the staff.

Dr. Russell: I think perhaps it would be well for me to speak in reference to the practical suggestions that have been made by Dr. Hutchings, and especially with reference to those ways in which the Institute has already been found to be helpful to the State hospital. It seems to me that there can be no question that the work of the Institute during the past two years has been helpful to the hospital more successful than at any previous period in its history. It seems to me that one of the ways in which it has been most helpful has been in the teaching, and I would be sorry to see any change interfere with that particular feature of it. I can understand it may not be quite as necessary in the future to give organized courses as it has been in the past, because the new men coming into the service are acquiring their knowledge in the hospitals, especially at the staff conferences. Of that I have had very positive evidence from some of the brighter of the young men who have come into the service during the past six months, with whom I have talked about it. I do think that the teaching of the Institute should not be weakened. The point that Dr. Hutchings made in reference to the superintendents I think is well taken, and I also think his remedy for it in the way of meetings at the different hospitals would prove a very satisfactory solution. There are other points in the course, that he brought out that are not so easily solved, such as the relieving the superintendents of a certain amount of the business work of the hospitals. That is a proposition that has been before you all for some years now, and it has not been satisfactorily solved yet. Another point that the success of the past would seem to emphasize is that the development of the work of the Institute may be left very largely to the director of the Institute. He has shown a disposition to recognize the practical problems of the

and an ability to contribute considerably to helpful methods, and with the help of the advisory committee of the Institute and occasional discussions at conferences like this, it seems to me that the initiative might very well be left to him. The work of the past two years has been largely in reference to clinical psychiatry, and I think that we have still to wait a little while before we shall see the results of the pathological work. Recently at one of the hospitals I saw a report of a case that had been sent from the Institute, which rounded out one of their cases very nicely. It included a complete pathological report, with drawings and photographs, and it added very much to the clinical history that they had of the patient. It made certainly a splendidly rounded history, and excited a great deal of interest in the hospital, and I think that of this feature of the work we are still to see the value because it is just beginning. Another way in which I think that the Institute can be made useful to the hospitals is in the direction of joint study. This has already been suggested by Dr. Meyer during the past year in reference to general paralysis and manic-depressive insanity, and I have no doubt that it can be still further extended. In connection with this I think lies one of the possible dangers to the work of the Institute and it seems to me that it should be avoided. Joint studies should be published as joint studies, and I think that the results of such studies might very well be published as a separate publication in the form of a pamphlet or something of that kind, because I can remember very well that under the previous management of the Institute, assistants at the hospitals were asked to collect data, the value of which was not always apparent to them, and these data were simply used as material for working up articles that were published by members of the Institute. I do not think it was at all satisfactory to the members of the staff.

Mr. Chairman: In your official position, in going through the institutions, have you noticed any change in the medical spirit of the institutions, in the medical work that has been done in them?

Dr. Russell: There can be no question about that at all. I have noticed a very marked difference indeed during the past year, especially in the staff conferences. I think that the staff conferences have taken a new life entirely, and the reason for it is not only because the conferences are held but because the material to be worked up is so much better prepared.

Dr. Hurd: I have but very little to say, and that not in the way of criticism. I agree with Dr. Ashley in the belief that the greatest good we can now obtain from the Institute is in the continuation of our present methods, and in awaiting the results of Dr. Meyer's plans. We are all heartily in sympathy with him, all supporters of his direction of the Institute, and I believe that our attitude should now be one of loyal co-operation and hard work, and the awaiting of results. I think we are getting results all the time in our staff meetings and our scientific study of cases. Dr. Hutchings' suggestion I think was a very excellent one, i. e., in regard to the transfer of case histories in certain cases where they are of special benefit and interest. Another method in which the Institute can

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of help us would be I think in having our regular meetings here
 al Dr. Meyer present, and with a certain portion of the time,
 nts all of it, given up to the purely medical discussion of cases and
 just as we are doing to-day. The discussion of the subject
 Russell outlines would in itself be of great benefit to us all
 sure. There is another feature which I think might be incorporated.
 We have each of us our own methods. Some institutions do
 in one thing, and some in another, and there is no one who
 visit another hospital but is very much benefited by such a
 if he is observant. A clearing-house for the different institutions
 is supposed to reside in the Commission, but that is largely
 methods, and not altogether medical methods, but when it
 to the president of the Commission, and the medical inspectors
 we have a very efficient channel of communication for the
 change of thoughts and suggestions as to betterments in our
 medical departments. Now in a casual conversation with Dr.
 sell, I have picked up a good many things. Take for instance
 the old, feeble, and infirm cases in certain hospitals. He mentions
 the various excellent facilities which certain ones have of
 for this class. In another institution, a certain excellency
 staff meetings which is worthy of note and worthy of study
 cannot all get this information unless we go from one institution
 to another and confer among ourselves. Dr. Russell can inform
 us of our weak spots and good spots, and of the good methods
 other institutions. At Central Islip I suppose we can learn a
 deal in regard to the value of discipline involved in the moving
 of large bodies of patients, and there are other things in
 lines, in the way of treatment, for instance, hydrotherapy, in
 certain institutions excel and others do not. We can all
 from Dr. Howard of the importance of country colonies, etc.
 in this way our medical meetings with the assistance of Dr. Palmer
 can be made of very great assistance to us all.

Dr. Palmer: I have no suggestions that differ materially
 those that have already been mentioned by the various members
 of the conference. There is no question in my mind but that the
 Pathological Institute has given a decided impetus to the medical
 work in the hospital. The cases are studied more thoroughly
 they ever were before and with greater satisfaction to the individual
 members of the staff. There is one thing my staff has mentioned
 as being desirable and which would add interest to the work
 that is some provision whereby one or two members could visit
 other institutions and compare methods. It would be very
 useful and stimulating; wrong impressions could be corrected and
 ones acquired.

There can be no doubt that in the past year or two the medical
 work has improved materially and that this improvement is due
 to the new methods of investigation that have been taught in the
 courses of instruction given at the Institute.

I think Dr. Hutchings' plan of circulating the histories of
 important cases in the form of a leaflet is a good one. I hope

work of the Institute may be continued along the lines Dr. Meyer has laid down.

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Dr. O'Hanlon: I cannot add to what has been said except to say that the Institute has been a great help to the staff at Kings Park, both to the men who have been there and had the course and to those at home who have been instructed by those who have returned to us.

Dr. Elliott: There are a number of things which I would like to speak about, Mr. President, but may not be able to express myself coherently. Inasmuch as these discussions are to be printed, I think they should be submitted to each member of this conference for revision and correction before they go to the printer, and I make this suggestion at this moment. I think it was Macaulay who, in writing of the conditions as they existed in his time, made the statement that "Those who were correctly informed as to the past would not take a morose or despondent view of the present." I think this remark is applicable to the work of psychiatry in this State to-day. A comparison of the clinical records of all the hospitals in this State, as they were kept prior to the advent of the so-called new psychiatry which Dr. Meyer is teaching, and which includes largely the methods of Krcpelin and the German school as well as Dr. Meyer's own, show beyond argument what has been accomplished during the past two or three years, and we must admit that the advance which has been made is due largely to the Institute and its director, Dr. Meyer. We must admit that much has been accomplished in the past two or three years.

There is one matter, however, to which I would like to refer, and that is the question of classification. Several years ago a committee was appointed by the chairman of this conference to consider this matter, but no progress seems to have been made. The classification at present in use for statistical purposes is, in my opinion, worse than none at all because it is really misleading. The clinical records as we are now keeping them, at least so far as my experience goes, are not arranged on the basis of this classification, and in the examination of our patients and the discussion of the cases at staff meetings we do not think of it. We have come to recognize better than ever certain well defined types of insanity, and we can classify our cases a great deal better under the classification which we now use for clinical purposes and which is to a large extent that of Krcpelin, and less difficulty I think is experienced than was formerly the case under the old classification which is still used for statistical purposes. At the end of the year, in making up the annual report, my experience has been that we do not know where to put many of the cases under the old classification; it is inconsistent with the clinical work which we are doing and should be abandoned without delay. I do not entirely agree with what Dr. Wagner has said regarding the use of the terms "mania" and "melancholia." I know that formerly I used to call a great many cases "mania" in the sense that it is used in the old classification, which we would now know under the head of dementia præcox.

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As these cases advanced and became deteriorated they were ultimately called secondary or terminal dementia. The same is true in a more limited extent, perhaps, regarding melancholia. I am inclined to think that we might be able to get along without the classification of mania, but as regards melancholia there is a distinct type which may be called by that name. Symptoms which we describe as being characteristic of mania are found in a variety of types of mental disease, and is well known, and the term hardly seems to me to be suitable to indicate any distinct type. Dr. Hutchings referred to the necessity of adopting means for the prevention of insanity, and we are at present paying a great deal of attention to the examination of our patients, classifying them, making prognoses, etc., but we hear very little about the treatment of insanity, and I think that we have to admit that the disease is in a majority of instances a chronic and incurable condition. I do not believe it is any more curable to-day than it was 50 years ago, and if we are to keep down the insane population, measures along the line of prophylaxis are exceedingly important.

Now with regard to the attitude of the physicians in the service toward the Institute and its director, I may say I have heard no criticism of the kind such as Dr. Wagner has stated in relation to the staff at Binghamton. The men who have been associated with me both at Flatbush and Willard, and who have had experience in the Institute and know Dr. Meyer, have a very great regard for him, and they believe he is working along the right lines, but there is criticism which I have heard, and I think it may be well for me to state what it is, as Dr. Meyer is about to commence another three months' course. I have heard some of the men complain that they had to work exceedingly hard while taking these special courses; Dr. Meyer has a very large capacity for work himself, and I suppose he thinks that everybody else has, and some of the men have told me that while they got a great deal out of it, it was exceedingly hard work for three months. It is an old adage that "all work and no play makes Jack a dull boy," and I believe the result would be satisfactory if there could be some occasional relaxation during these courses. This is offered only as a suggestion not as a criticism, because of some of the statements which have been made to me. Dr. Hutchings spoke of the duties of the superintendents which he considered as not strictly medical, and referring to the treasurer's work; I do wish that something could be done about that. I am probably at a greater disadvantage in this respect than any of the other gentlemen on account of the isolated situation of Willard. We are removed from the business centers, and the bank is 25 miles away from the institution; the result is that we have to conduct a banking business in the hospital; and as the treasurer I am obliged to give the work a great deal of my personal attention. I find that this branch takes up much more of my time at Willard than it did at Flatbush, and I do wish that the law could be amended so that we might be relieved of this part of the work.

Dr. Rowe: I think very great credit is due Dr. Meyer for the work he has been doing. Members of the staff have attended one or

two of the courses and derived great benefit. It teaches them to follow their cases very much closer. I have canvassed them and asked for their opinion as to the work that he is doing, and while I cannot get any frank opinion from them, the gist of it is that the Pathological Institute would serve a better purpose to the State hospital system at the present time if in addition to its research work, provision could be made whereby the requirements of the superintendent and staff would receive prompt recognition. In the daily contact with patients many conditions arise, particularly in the line of abnormalities of secretions, and excretions, toxicity and alterations in the composition of the blood, bacteriological diseases, such as the Widal test for typhoid, etc., that much light could be thrown upon the cases and indications for treatment pointed out if the clinicians had the advantage of a prompt report from a well equipped laboratory. Examinations of special fluids ought to be made there. In the cases that come to autopsy, we do not receive as prompt returns as we should. Provision should be made that the pathology of special organs could be quickly determined by modern methods, also the staining of morbid growths for diagnostic purposes, and it should be the work of the Institute to furnish a report fully and promptly to the hospital, when it can then be made a part of the case records. The recovery rate might possibly be affected and the greatest good to the patients could be accomplished if more attention was given to practical diagnostic and clinical methods from a physical standpoint and less required of the staff in the line of psychiatry. We have been attending these courses, and shall continue to do so, and we have derived a great deal of benefit from what we have acquired, also the records are better kept than formerly. As to changes in classification, we have different opinions about that, for instance, we thought that we knew something of general paralysis, and other conditions, and we have not had occasion to change our opinions yet. However, we shall continue to attend Dr. Meyer's courses.

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Dr. Arthur: I have nothing to add except that I believe in continuing the present system.

Dr. Smith: I do not know as I can add anything to what has been said. I have felt, and still feel, that the object of the State hospitals is for the care and treatment of the insane. I am also aware that there is great opportunity for the study of psychiatry and that every advantage should be taken of this opportunity. It is impossible for a superintendent to carry out the details of instruction in that work—there should be a leader—and I think we have that leader in Dr. Meyer. We should judge a man's work by results, and I am satisfied that the results so far have been very encouraging. I know myself, after 20 odd years in the service, that in the matter of histories at the present time as compared with those of 20 years ago, there is as much difference as between the prattling of a child and the oration of a college graduate. I know my physicians have been very much enthused with the study of psychiatry and are taking more and more interest in the medical meetings. I think the system that is now being carried out by Dr. Meyer is the proper one. It is impossible for Dr. Meyer to divide himself into 14 equal parts.

He is better as a whole than in sections, and the holding of courses of instruction at the laboratory for the purpose of training up men for service in each hospital should be kept up. I believe in encouraging Dr. Meyer in every way and letting him alone to have his own way. I think he has done enough to satisfy us that he is on the right track.

Dr. Dent: The subject is a momentous one, deserving deliberation and consideration, and I feel quite sure that the superintendent is recognizing that fact. I am not going to cast any floral decorations at Dr. Meyer. It will be my aim to state very plainly and emphatically what I believe. Having been with Dr. Meyer, in a way associated with him, I can state very frankly and conscientiously that there has been an impetus in the medical work. We appreciate what Dr. Meyer has done and what he is doing. At the same time, I should expect to see further improvement in the work. We have now reached a point where we have sufficient material accumulated to warrant further research in neuropathology, neurotherapy and other lines. I feel that Dr. Meyer will take that up in due course of time. In criticising the work, if there is any criticism, I think probably an injustice is done to Dr. Meyer for the reason that he has not been at this work long enough to make any further advance than he has. I think he has done considerable work, and as has been said the results have been gratifying in many ways. It is due, in a measure, to his energies and labors that we have accomplished what we have. Yet I believe it would be of interest to the institutions to have Dr. Meyer occasionally attend staff meetings and correct or instruct the members personally. We frequently have at our meetings cases in which we would like to have further instruction, and Dr. Meyer very kindly agreed to attend and render his assistance. It is a very important thing to eliminate the factor of self aggrandizement in this work. It should be considered as one, i. e., the entire State hospital system, and the pathological laboratory should be viewed as a portion of such system, and the results should benefit all alike. I do not think that any one should feel ashamed to acknowledge that he does not understand certain portions of the work. The Krapelin idea in my opinion has come to stay. The people of the city are fast learning it, and discussing it frequently, although a few attack it, but those who have attacked it, as I gather from conversation with them, I think I am warranted in the inference that they do not understand it. Many of us are using Dr. Deffenbacher's work as a guide. I feel in many instances that the work is not so complete as it should be. As to the classification, I do think it is time to change it. We have stopped thinking in the old classification; if you speak to a member of the staff about acute mania, he will ask you whether you mean that it belongs to the involution type or whether it belongs to the manic-depressive type. The staff is very much interested in their work, and of course that is very important. There are other classifications under the old system which are misleading. Prominent among them is that of mania and melancholia. Many cases admitted with excitement and a duration of less than a year, with no marked deterioration, were put down as acute mania, which is manifestly an injustice to the hospital records. In carrying out this work one cardinal feature I think should be borne in mind.

and that is that you must have a larger working force of physicians. We have many vacancies in the corps of physicians and have had for some time. It is impossible to carry this work on as it should be carried on with a small number of physicians. I should say that we would require to carry it on scientifically double the number of men that we have now. We are very greatly handicapped by the lack of physicians to fill our vacancies. I quite agree with Dr. Hutchings as to a superintendent being able to relegate his work to others, and I think he should have full power to appoint all of his employees in the institution, including his steward, and let them be competent people, so that such work could be relegated to them with a degree of assurance that it would be done properly. In that way you could oversee his work, and carry on the medical work. I believe that the superintendent of an institution should be a medical man, and he should have charge of his medical work. Unless he gives it proper attention, there is certainly a lack of interest in the work. I do not believe that in the majority of instances, the medical men on the staff take the interest that they would where the superintendent is interested. As to the cure of insanity, I differ with Dr. Elliott. I think there has been a wonderful change in the treatment of the insane, and in handling the insane. I think that the day of sedatives has almost passed. We use about one-quarter of that formerly used, and I think that a man who gives a case of acute mania a dose of hyoscyamine is doing the case a rank injustice, and I think time will show it.

Dr. Dewing: This subject has been very fully covered, and practically all the points that I could possibly refer to have been gone over. I do not think it is necessary for me to compliment Dr. Meyer. It is perfectly obvious to everyone connected with the hospitals that the medical work has received a tremendous impetus under his directorship of the Institute. Everyone has acknowledged it, and it is hardly necessary for me to refer to it any further. I will simply say that I believe that most of the improvement that has been made in the study of insanity in the State hospitals within the past two or three years is due to Dr. Meyer. Now in regard to possible improvement in the work of the Pathological Institute, I feel that improvement can be made by enlarging Dr. Meyer's resources and facilities for pursuing the work along his own lines. I feel that that is the proper way in which to obtain improvement. I feel that his lines are the right ones, or at least they are as nearly right as he has been able to formulate up to the present time, and I should for one hesitate very much to make suggestions to Dr. Meyer as to how he should change his methods. It seems to me that the proper course to take is to support him, and so far as lies within the power of the Commission I should be glad to see Dr. Meyer receive further financial support in the enlargement of his staff and the facilities of the Institute. I believe that if that were done a closer connection could be established between the work in the hospitals and the work in the Institute; that Dr. Meyer would be able to send a satisfactory representative around to the hospitals who would be able to give the hospitals the benefit of what he is doing. Of course the other methods of correlating work in the hospitals with the work in the Institute that have been suggested, in the main are

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of valuable, but it seems to me that the one I have referred to is a
 al important one. In regard to the matter of classification, of course
 ents we all, I think, agree that the old official classification of the hospital
 is absolutely out of date; but is anybody ready to present a classification
 that they feel could be regarded as a permanent one. I do not know, but I doubt very much whether Dr. Meyer himself
 would be willing to come forward with a classification that he would
 would be satisfactory to him in the course of one or two years. As
 progress is being made in observation, correlation and analysis of
 facts. I doubt very much whether anything would be gained by
 attempting to have a new classification at this time. With regard
 the matter of treatment I thoroughly agree with what Dr. Denison
 said. I believe that very great advancement has been made in the
 treatment of insanity within the past few years. There is no special
 for insanity, it is unnecessary to say, but the various hygienic measures
 for improving the physical condition of the insane, especially
 stimulating the metabolism of the body, for instance, hydrotherapy
 and the various forms of physical culture, have certainly in my
 experience produced very good results indeed, and I believe that the
 least recovery takes place more promptly than it did, and I feel that
 there are more real recoveries than there were.

Dr. Elliott: I would like to correct perhaps a false impression
 I may have given with regard to the curability of insanity. My
 remarks were not intended to be in relation to the methods which
 are now used in the treatment of insanity, the more modern methods
 of treatment. What I did mean was that I do not believe that we
 are curing any more patients to-day. I do not think there has been
 advance so far as the curability of insanity is concerned. I believe
 that the treatment is more active than it used to be, and more
 valuable; unquestionably it is good, and may bring about recovery
 quicker than it would otherwise occur.

Dr. Howard: I suppose you have all unintentionally left it
 to suggest a practical solution, in order to make the superintendent
 more actively medical. In this connection I would respectfully
 recommend that we agree among ourselves and carry it out "practically,"
 to take individually one case a month and work it up for the
 staff personally, and present it to the staff meeting in such a way
 that it can stand criticism. Instead of sitting there as chairman
 simply listening to recitations and dissertations, that we actually
 take cases ourselves, once a month, the simple ones at first, of course,
 and after a year or so has passed borderland cases.

Dr. Harris: I am rather in an anomalous position. I can not
 say anything except on my own account. I feel that the staff at our
 hospital has been very much benefited by these courses. Our staff meetings
 are very interesting. We always look forward to them with
 interest, and have our cases prepared and presented, and discussed
 freely with one another. Our autopsy work has increased considerably.
 We have furnished Dr. Meyer a good deal of material, and
 have had results from that material. We have received, during the
 past three or four months, a number of slides from Dr. Meyer which
 microscopically, have borne out diagnoses we had made, and with

sented those at the staff meetings. We have a pathological section some weeks, and study the material which he has sent us under a microscope.

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Mr. Chairman: Dr. Wagner spoke about the administrative duties of the superintendents. Of course, under the law, the superintendent is directly responsible for the management of the institution, but it seems to me that by a proper arrangement of work, by detailing to proper heads of departments certain duties and holding them accountable for the results, he can keep a supervision of the business department and at the same time can do a great deal with the medical department. The medical work of an institution depends upon the stimulus given it by the superintendent. The superintendent is the fountain head of the institution, and I am more and more impressed as I go through the institutions in feeling that the superintendent should be the guiding spirit. The position of medical superintendent of a State hospital is an arduous one, but I believe that while he cannot give attention to all the details that he can get such a grasp of the medical side of the institution and its work in addition to his office work as to be of material benefit to the rest of the staff. One of the benefits of this present clinical study, it appears to me, is that it is likely to bring about further knowledge as to the curability of insanity—I do not think that anyone can say with any assurance that insanity is more or less curable than it was years ago; the statistics are based on different premises all the way through—but with a large series of cases, and with the study of the large series, you can distinguish the cases which present hope of recovery from those which are practically hopeless from the start. With these brief remarks I will now ask Dr. Meyer to close the discussion.

Dr. Meyer: I am somewhat embarrassed by some of the remarks that have been made. I am happy to see you recognize the good will and good feeling, but I cannot help but think that some have gone further than was due me in their recognition of the deeds. I think that the activity of the Institute has not been without some shortcomings, and I feel that we do not deserve all the praise that has been bestowed. Concerning the adverse criticisms I think it is best for me to take them under consideration, and to use them for the future, and to take all the help from the suggestions implied in them. The purpose of this meeting, and what I looked forward to, was to get at the sentiment and profit by it, and I shall see that we do profit from all that has been said.

In the suggestions that Dr. Hutchings has furnished in his paper, there are a number of things which will be an additional help to the program which I made up in December, 1903, the nature of which was described in the circular of last October. I should think that in the first place we should realize what the general plan of work is. For the time being it has been my aim to furnish every hospital a man whom the superintendent may delegate to be especially responsible for keeping up the interest and standard of the medical work generally. It was with this purpose in view that the three months' course was started last winter, and has been given

in two sessions, a third one to begin next week. In addition that I hope to have your support and especially that of the mission, to devote next year to the training of one individual each hospital who would be able to be in charge of the labor work proper, who would take up the autopsy work and carry to that most valuable phase which is a helpful control of the clinical work, that of comparing the results of the autopsy with what the physicians have deemed sufficiently established to be entered upon their records. In that way we may hope to increase the thoroughness of the records on the ground of the experience collected in the hospital itself. This will, of course, not make unnecessary the central institute, and the central institute will not cease to be the hospitals for contributions of material. I know that on a number of topics we can expect to do something satisfactory if we have not merely isolated cases, but groups which keep awake to all the possibilities and many perspectives. For the course of next year I should like to ask each of you to bear in mind the necessity of picking out an individual who would be capable to represent your hospital; and it would be well to have this in the foreground beforehand to make possible next year's program.

The material for clinical records that is being collected now also receive early consideration. I think we must not allow the collection of records to grow beyond the possibility of keeping track of the cases, and it will be the earliest thing we are going to take up at the next course to work up part of the material that we have collected at the Institute itself, and get it in such shape that it can be communicated to the hospitals so that the hospitals might have some hints as to how to proceed with the help of digests of some definite groups. For conjoint work, I have suggested the study of general paralysis, because I think there is a great deal of work to be done there, and we have quite a little to learn from accurate work on that disease. I have also suggested the desirability of taking up for special review the cases of multiple admissions in order to sharpen the clinical sense of the observer by a differentiation of the typical manic-depressive from similar types. There are matters for which, of course, it will be necessary to provide sufficient time, and we should not only consider delegating individuals for a definite time to the Institute, but the hospitals themselves must feel responsible to provide impetus and time on the ground of their own experience, by providing stated topics for their meetings and things of that kind.

For the meetings which have been suggested there is, I think, a great future. We must, however, mind Dr. Mabon's advice not to start with too numerical a program. We might have a few meetings at which many of the assistant physicians might be present and start in gradually, and shape the number of meetings according to the number of important matters brought up. I think by and by that we shall work toward the plan that Dr. Hutchings has mentioned in regard to the publication of cases. It would seem to me that there ought to be some such development as follows: let us say that every quarter we have a meeting, which would be a

bined meeting for administrative matters and also for medical matters, and at the latter assistant physicians should also be present. For the program of the medical part, the men at the hospitals, the staffs, should stimulate one another to produce papers which would lead up to such discussion as would be considered representative enough of the standard of the staff. They would see what might be worthy of being put before the meeting of the joint commission, superintendents and assistant physicians. That, I think, would be a sort of first sifting station. The papers presented and cases communicated would perhaps be referred to a committee on publication, and then publication might take place. I think some such plan would be extremely desirable,—and relieve us in part of the clearing-house function suggested. I have read the editorial in the Medical News with divided feelings. There is a sort of trust mania which takes hold of us all on account of the possibilities of expansion and the supposed power that it would convey; but when we come to see how scientific progress has been made we realize that the chief element is the individual that wants an opportunity to develop himself, and the clearing-house is only a subordinated agent. The meetings will be the best clearing-house, and the Institute will do all it can to help. We certainly will not shirk any pains to contribute, if there is any help to be given. With regard to sending men to the State hospitals. I suggested in 1903 a scheme which I wish to repeat again, namely, that the Institute should be encouraged to develop, to add to its staff men enough to make it possible, that, whenever a State hospital wishes to get special information, special help in a certain direction, the main points or needs could be communicated to the Institute, and then the Institute would respond by a visit to the hospital by the director or by whoever might be selected. We could then go with some sort of preparation. I do not mean that one should limit oneself to just that one point that is asked about. Incidentally one can try to help the staff in a great many matters, but it seems to me that it is only fair that the hospitals should have a definite idea to submit in order to give the man who goes a chance to prepare himself to some extent. This plan also facilitates the question of knowing where to go, because I have heard some statements which implied that visitation from the Institute would not be perfectly desirable, because it would take the time of the staff, etc. I think by putting it on that basis we can arrive at a very satisfactory working system, and certainly we shall all be glad to make it as easy as possible for the hospitals to feel free at any time to come to us with such a request. Then I believe we ought also to have in mind the desirability of arranging on such occasions the getting together members of the staffs from neighboring institutions, and, instead of limiting ourselves to meetings in Albany, to have meetings in various institutions in order to allow the staffs to show how they are doing things and in order to give an opportunity for mutual emulation.

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The question of preventive and other treatment has been mentioned. That is, a topic which we shall be able to reach efficiently through the co-operation in the meetings. I think that we as physicians have done too little to interest ourselves in the needs of the professional men outside of the hospitals, and also too little to make use of their knowledge. To be sure, we have at present a rising wave of consultations, consulting physicians and surgeons and specialists on the staffs, which is a splendid step in advance; but, I think at these meetings, we ought to take an opportunity to invite specially qualified non-alienists to come in and consult with us on certain matters, and present things to us, and in return, we ought also to be led to prepare our material so that it will be of use to the general practitioner. It is only through the general practitioner and the sentiment produced by him among the profession that we can do anything in the line of prevention. I am continually told concerning general matters, that we cannot obtain any broad movement in this country except through the press; and when I speak of the prevention or diminution of insanity, I would say that you cannot do anything unless you reach the general profession. Most of the forms of insanity develop absolutely beyond our reach. General paralysis is a condition which might be averted if the public did not think that that is the inevitable fate of an over-worked business man. If everybody knew of its syphilitic origin, and if every physician were fully cognizant of it, he could arouse public sentiment, and public sentiment can only be reached properly through the family physician and medical profession at large. So our duty will be also to work towards the greater communication of our results of work to the practitioner; especially with regard to prevention.

As to the matter of classification, at the meeting in December, 1903, a committee was appointed to take action on some propositions; I made a suggestion then, namely, to divide our official statistics and our medical statistics. I proposed then that our official reports should in the first place contain the information which the officials of the State need, namely, detailed etiological facts, and not a combination of etiological and medical tables as at present with all their faults; and then the hospitals should make up tables as a result of well digested diagnostic work, such as is brought out at the staff meetings. I suggested that seven or eight groups of insanity be selected for the uniform statistical tables. To the classes—imbecility, epilepsy, senile insanity, general paralysis, alcoholic insanity, proposed then, we might perhaps add a very free division of the "other psychoses" into probably curable and probable incurable forms, because that is also a matter of some interest for the administration and for the general public; but the statistics of medical importance ought to be shaped according to the sense of the men who do the medical work. If the staff at Binghamton wishes to have its own classification, by all means let it have its own classification. I have stood for absolute freedom on this point because I know that forced statistics are of no value.

If any advance can be made by letting another staff make its own departures, we should encourage that staff to do so. It is just that spirit which I cannot combat enough, that of trying to get a classification which is expected to hold for everybody, and I had thought that it practically had died out.

In closing, I beg to say that I am extremely grateful to all of you for your suggestions, and I hope very much that some action may be taken by the Commission to appoint a committee, or re-appoint the committee on the question of classification, and that that issue should be brought to some sort of settlement.

Mr. Chairman: I wish to express my thanks to the members present for the free discussion of this subject, which has certainly been very profitable, and I do not see that there are many rough ways that will have to be smoothed. We are working in unison, and the little difficulties that have been mentioned can very easily be regulated. We have to realize that the work is new. In the creation and development of the Pathological Institute and its organization the director has had to feel his way; he has not cared to make speed too rapidly without considering the qualifications of the men, and the outline for next year's work seems to open a very promising field.

Mr. Chairman: Dr. Russell has asked to be excused this afternoon from submitting the second paper on the program. The committee will bear in mind that there are now three subjects for the next two meetings, and that they will have to provide one other subject. The first one is, "In what Respects can the State Hospital Service be Bettered," by Dr. Russell; second, "New Drugs and New Methods of Treatment," by Dr. Hutchings. Dr. Hutchings will be excused on account of reading the paper to-day. The third, "Bed Treatment of the Insane," by Dr. Arthur.

Dr. Hutchings: There are one or two points which ought to be rounded out, which we are leaving a bit unsettled. We seem to be all pretty well agreed that meetings of the superintendents and other representatives of the hospitals who can be conveniently spared should be held at least once a quarter, and that a portion of the meeting should be devoted to the discussion of practical problems relating to the management and business relations of the hospitals, of which Dr. Russell has several very interesting subjects in mind, and that an afternoon session, or second day session should be devoted to the discussion of purely medical topics and the presentation of papers by the different members. It seems to me that these are very practical suggestions, and that we would make a mistake to go away without acting on them in some way. I would like to offer as a suggestion that at the next meeting each member look over his cases and be prepared to present one or two or a group of cases which have interested him and his staff and which have been worked up by the assistant physicians. Let us encourage this plan.

In regard to the publication of cases. If the plan to publish all seems too much of an undertaking we could at least publish those

which were presented at the quarterly meetings, and so test the value and usefulness of the plan. It would not be a difficult plan to keep at the Pathological Institute a complete abstract of current literature if the magazines were apportioned out to the different hospitals for review and appropriate data entered upon cards which could be filed at the Institute.

Mr. Chairman: These meetings are to be free very largely from the discussions we formerly had in regard to bowls and soap, cod liver oil, and kerosene oil, and the thousand and one things which took up valuable time. I think that very little time is necessary for the consideration of administrative questions. There may be some grave questions coming up from time to time which can be considered, but the important part of the meeting is going to be the assigned medical topics. The meetings are to be quarterly, the next meeting we will fix for the second Tuesday in May, the following meeting will be the second Tuesday in August, every quarter thereafter, and topics will be assigned so that each member will know what they are, and he can take a list of topics with him and be prepared to discuss them, and each member of the conference should feel free to present any interesting case that arises, for discussion. The meeting should be considered a scientific meeting of a real body of workers working for one cause in matters relating to the interests of the insane, how they can be cared for, how they can best be treated, and to see what can be learned about the insane from every standpoint, and working from that I believe there is no reason why any subject of medical interest or scientific value should not be brought to the meeting and considered. I feel that we should encourage the superintendents and representatives from the hospitals to work along such lines as we have spoken of. The very idea of bringing the superintendents together should be productive of good results. I want to dwell a little bit on what Dr. Hurd has said, which seems to be of great value. You say you are particularly anxious to get certain information, and you do not know where to go to get it, or how to get it except by the course suggested by you, or writing to the different institutions. When you have such a case, or any interesting or unusual case, such a course should be pursued, and I believe that all interesting cases should be available for all institutions. We are going to encourage meetings at the hospitals. I think that the meeting at Dr. Hurd's institution last year was productive of a great deal of value. As to the work of the Institute, the matter of the keeping of records and the preparation of men at the Institute, and clinical study, have been dealt with for the past two years and while all assistant physicians have not been there we can encourage in each institution that those who have been have endeavored to stimulate and strengthen and support the idea of closer study and observation of all the cases. If there is anyone who has anything further to say on this subject, we will be glad to hear him.

Dr. Meyer: I would like to mention in this connection a rather important problem of an adjustment of the statistical tables.

report of a committee might be taken up as a topic. That would necessitate the appointment of a committee or the revival of the old committee.

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Mr. Chairman: We will consider that curettage has been performed in that case. I will name Dr. Meyer, Dr. Pilgrim and Dr. Wagner.

Dr. Russell: Dr. Hurd said that I had some topics that he thought would be appropriate for discussion at these conferences. He apparently did so under the misapprehension that I was on the committee. However, now that Dr. Hurd has invited suggestions in regard to topics I would like to say a word on that subject. It is one that I have given a good deal of thought to because in the course of my visits to the hospitals I have had occasion to see the marked differences that prevail in regard to administration; a more marked difference than one would perhaps imagine. Some of these points I may be able to bring out in the paper that has been assigned to me for another meeting. The reason I want to say something now is because my experience would lead me to think that these conferences should be devoted largely to administration; not in the old way in regard to the details as to the kind of crockery to be used, and so on, but in regard to the larger problems of administration: such topics, for instance, as the organization of the nurses' school and the methods of instruction. These are different in different hospitals. Then the special methods of treatment that prevail in the different hospitals. One of them has already been assigned "Bed Treatment" and there are other features. Then there are the duties attached to the position of matron, or the position of steward. There are a great many details that belong to the different officers, more or less subordinate officers, and they are different in different hospitals. The work is done in different ways, and it seems to me that the way to reach efficiency in these things is for each man to bring his experience here and state it freely, and then each one can take from others points of value to himself. I could suggest other things also; such as the organization of the ward service, and on down to such a thing as the laundry of a hospital. I think there are a great many different points that could be brought out that would be of great benefit indeed. No one would be more pleased than I to see meetings of the superintendents for purely scientific purposes, and I think the day will come when such meetings will be possible. I hope it will come in the near future. Such meetings probably would best be held at the hospitals. I should be sorry, nevertheless, to see the administrative features fail to come to the front in conferences of this kind.

Mr. Chairman: We do not mean that the administrative features should not receive consideration, but the primary object of the meetings will be the discussion of medical matters. The question of ward organization is practically a medical question; the question of a nurses' training school can be construed as a medical question. There are always some administrative questions that come up, but we do not want to deal with minor questions or allow them

to obtrude themselves to the exclusion of the broader question of the profession. The broader questions of administration shall always have a place, and I think the committee on topics will be very glad to consider a thing of that kind. They are not limited in the scope of topics, and they can select those which seem best suited for discussion.

Dr. Hurd: I want to make a suggestion, to meet the wish of some of the members. If any of you will suggest to me or propose any topic which you think would be particularly useful or valuable for a paper I should be very glad to have you do so. We have for the second meeting I think to be filled, and if anyone has an especially useful topic occur to him I would be pleased to have him communicate it.

Dr. Russell: There is one thing I would like to just refer to. I was requested to take up the matter of providing a text book for the training school for nurses, and I would like to announce that I doubt if anything can be gotten ready by the first of next year. I would like to say further that I would like it if the committee or the conference would select a text book on general nursing, and then some book could be gotten up on mental nursing that would supplement that. I think it is quite important that a text book on general nursing should be selected as soon as possible.

Mr. Chairman: May I suggest that the committee have a meeting and go over the matter of text books and report at the next conference.

Dr. Smith submitted a report on the matter of uniforms for graduate nurses and that of a suitable livery for coachmen. It was decided that samples should be sent to the different hospitals, and the matter brought up again at the next conference.

This action was taken on motion of Dr. Elliott and seconded by Dr. Arthur.

Dr. Hurd: For the second meeting the following topic has been assigned—"Hydrotherapy in the Treatment of the Insane," by Dr. Dent.

The secretary read the following letter from Dr. Macdonald:

431 RIVERSIDE AVENUE, Nov. 25, 1919

My dear Mr. McGarr:

I am greatly pleased by the action of the conference, and by the handsome record of it which you send me.

Will you do me the kindness of making my grateful acknowledgments to the participants, and of reciprocating, for me, their welcome good wishes?

Very truly yours,

A. E. MACDONALD

On motion of Dr. Wagner adjournment was had until the second Tuesday in May.

CARROLL F. SMITH
Secretary of the Conference

Notes of conference of State Hospital Superintendents with the ^{Conference of} State Commission in Lunacy, held at the office of the Commission, ^{State hospital} superintendents
Albany, May 9, 1905, at 10.30 A. M.

Present—

Utica State Hospital, H. L. PALMER, M. D., medical superintendent.

Willard State Hospital, R. M. ELLIOTT, M. D., medical superintendent.

Hudson River State Hospital, CHAS. W. PILGRIM, M. D., medical superintendent.

Middletown State Homeopathic Hospital, M. C. ASHLEY, M. D., medical superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., medical superintendent.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., medical superintendent.

St. Lawrence State Hospital, R. H. HUTCHINGS, M. D., medical superintendent.

Rochester State Hospital, E. H. HOWARD, M. D., medical superintendent.

Gowanda State Homeopathic Hospital, DANIEL H. ARTHUR, M. D., medical superintendent.

Long Island State Hospital, Flatbush, O. M. DEWING, M. D., medical superintendent.

Long Island State Hospital, Kings Park, W. A. MACY, M. D., medical superintendent.

Manhattan State Hospital, East, J. T. W. ROWE, M. D., acting superintendent.

Manhattan State Hospital, West, E. C. DENT, M. D., medical superintendent.

Manhattan State Hospital, Central Islip, G. A. SMITH, M. D., medical superintendent.

Dr. WM. L. RUSSELL, medical inspector.

Dr. Mabon, President of the Commission, chairman.

Mr. Chairman: The conference will please come to order. The first business is the report of the committee on re-organization of the medical service, consisting of Drs. Pilgrim, Hurd and Russell.

Dr. Pilgrim: We can simply report progress.

Mr. Chairman: Will you be prepared to submit a report at the next conference?

Dr. Pilgrim: Yes; I think so. If you want it.

Mr. Chairman: The next is the report of the committee on insignia for graduate nurses and coachmen's livery—Dr. Smith. (See Appendix 1.)

Dr. Dent moved the adoption of the report.

Dr. Hurd: I would like to ask what advantage there will be in changing the present caps. They are very satisfactory, and have always elicited commendation from visitors, etc.

Dr. Pilgrim: They are very becoming.

Dr. Dent: I think the object was to have a different cap for graduates. This is the regular Normandy cap, something like the Belle-

vue and Presbyterian Hospital caps for graduates. It is a distinction, and I think a very pretty cap indeed. This cap can be washed and ironed.

Dr. Pilgrim: I move, as an amendment, that we adopt the resolution with the exception of the cap. Seconded by Dr. Hurd.

The motion as amended was adopted.

Mr. Chairman: The next is the report of the training school committee on a text-book for general nursing.

Dr. Howard: The committee would report that, so far as the committee is able to determine, there are three books, either of which would be satisfactory to the committee—the Hampton, Wicks and Stoney books. I would request an expression of opinion of the conference as to which should be chosen.

Mr. Chairman: You have heard the report of Dr. Howard, and the committee would be very glad for an expression of opinion as to the three books recommended, so that a selection may be made, if possible, at this meeting.

Dr. Hurd: I can say that I have not the full acquaintance with the last edition of Clara Wicks' book which would enable me to speak intelligently regarding it; and regarding the two others, Miss Stoney and Isabel Hampton's books, there is not a great deal to choose between them. I think Miss Hampton's is a little bit more voluminous and perhaps goes into the matter a little bit more deeply, but as regards those two I have no special choice. I think the Stoney book is the most recent. I do not know about the Wicks book, but I leave that to someone else.

Mr. Chairman: Is there anyone present who has gone over the three books, and who is able to express an opinion?

Dr. Pilgrim: Within the last week I have looked over the Wicks book, but not all. It seems to be a very good book and quite up to date. I have read the Stoney book, and I think that is a very good one too. I do not think we would make any mistake in choosing either one of them.

Mr. Chairman: I would suggest that the matter be deferred until the next meeting, and that the superintendents refer to these text-books so as to be able to vote on it on that occasion. The chairman will also authorize an estimate for one of each of these books for each hospital to be placed in their libraries.

In regard to the matter of coachmen's uniform, inasmuch as there are 14 institutions, a contract might be made with one firm to make these suits, and the chairman of the committee might be authorized to enter into such a contract.

Dr. Macy: I move the adoption of the coachmen's livery.

Dr. Pilgrim: I move to amend by leaving out the question of overcoats.

The motion as amended was seconded by Dr. Hurd and adopted. Dr. Howard in the negative.

Dr. Ashley: Inasmuch as this uniform seems to have nothing characteristic of a uniform about it—except there shall be a uniform color—it is nothing but an ordinary sack coat, it seems to me that

should be left to the individual hospitals or the coachmen to purchase their uniforms wherever they please and at whatever advantage they can, so long as they get the proper cloth. I make that as a motion.

The motion was seconded by Dr. Macy and adopted.

Dr. Wm. L. Russell submitted his paper, "In what respects can the State hospital service be bettered?"*

Mr. Chairman: I think that in the future in getting up a program it would be better to have some one prepare a paper, and then have some one designated to lead in the discussion. This subject as treated by Dr. Russell has been very suggestive and instructive to me, and I believe to us all. There are undoubtedly many suggestions that could be made by the individual superintendents present on this subject, and we would be glad to hear these expressions now, and I think perhaps the better way will be to take the members in order as they are seated around the table.

Dr. Pilgrim: I think that this paper by Dr. Russell has been a very valuable and suggestive one, and I hope that it will be printed in full in the minutes of the conference, as I think we ought to have it to refer to from time to time in order to carry out its many valuable suggestions. In regard to relieving the first assistant physician of regular ward work I would say that about a year ago I saw my way clear to doing this, and I relieved my first assistant of the routine ward duty and made him in reality assistant superintendent. That change I am convinced is one which ought to be made in all hospitals of 2,000 or more patients. In hospitals of that size the superintendent with his manifold duties is unable to carry out, to the extent it ought to be carried out at the present time, the direction of the medical and clinical work. That I think should be delegated to the first assistant, but I am also firmly of the opinion that the superintendent should never lose interest in it nor grasp of it. If the superintendent shows a lack of interest in the staff meetings I am quite sure, in fact it has been my experience, that in a little while excuses will be found for shortening the meeting or for holding them upon the wards, or other methods will be adopted of getting through the work more quickly than it ought to be gotten through with; but while the details of this work should be under the immediate direction of the first assistant, I feel quite positive in regard to the necessity of the superintendent keeping it well in his own hands. Dr. Russell has suggested that the staff meetings should be held at 11.30. Now such details should be left I think to the superintendents of the several hospitals. With us that would be a very inconvenient hour. In fact I have tried several different hours, and after a long experience I am firmly convinced that there is no hour so good as that of early morning. We have our staff meeting at 9 o'clock, and I am now thinking seriously of making it half past eight, for from eight to half past eight in the morning, the mail, and the ordinary business of the day, such as dispatching nurses for patients, etc., can be attended to, and then from 8.30 until 10 o'clock when the visitors begin to come in and other persons are apt to interrupt the superintendent and assistants on business matters,

* Dr. Russell's paper forms a portion of his report to the Commission. See page 36.

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the staff and superintendent are left quite free to devote themselves entirely to the staff meetings, whereas at 11 o'clock or 11.30 o'clock they are more apt to be interrupted, and the staff after having run their morning rounds are much more apt to be tired and to lose interest in the cases, than they are when they are required to discuss them early in the morning. But as I have said that is a matter where there should be no rule about, but it should be left to the discretion of each superintendent. In regard to the library for nurses—I think that is a very valuable suggestion and for several years past we have been in the habit of taking at least one journal for trained nurses and we have also occasionally purchased books on nursing, so that the nurses can have the advantages of recent literature, and I am glad to say that they avail themselves of this advantage very frequently, and we find the library and the journal much used. In the journal was so popular that the nurses formed a club and I think got 25 subscribers for the journal. In this connection I should also like to say that I think that we ought to go back to the method of having a stated appropriation for our medical library. There was a time when we were allowed \$200 for this purpose.

Mr. Chairman: That is the condition now, Dr. Pilgrim.

Dr. Pilgrim: And I think that that is little enough; but with that I think we could keep our literature up to the times. Many of the suggestions contained in the doctor's paper are already being carried out at Poughkeepsie, and others which are not in force I am willing to say should be put in force at an early date. In regard to the evening meetings of the staff for the purpose of discussing journal articles, I would say that although I did not know that the doctor was going to suggest it, the practice was begun by us last week. The first meeting was quite a successful one, and I am quite sure that it will be continued. I have only to say again that I think the doctor's paper a very valuable one, and I know it will be of benefit to all of us.

Dr. Hurd: I think that one requires a little time to consider and suggest a paper as this, before one can discuss it satisfactorily to themselves or beneficially to others. I think the discussion of the doctor's paper would be more valuable after we have had time to read it and study its very excellent points. In regard to one matter I will say that that has already been referred to by Dr. Pilgrim, and that is the duties of the first assistant. I fully appreciate the excellent remarks which Dr. Russell has given for his assuming the duties of assistant superintendent, but I wish to refer to one thing which I think we will meet with in some instances, and that is the desire of the first assistant to have an active service because of his great interest in active medical work. I think there is a feeling that when he abrogates, even to a small extent, the care of the acute reception ward he loses touch with the acute cases which come in, and he is disinclined to do so. This is one practical point which I think we will meet with in large institutions should this be generally adopted. In regard to the meeting of the staff one evening a week, I wish to say that that has been in force in Buffalo for several months, and we find it very useful. It has been largely adopted because we found during the day that there was a

or less interruption, telephone calls to the wards, etc., and we did not have the time for such a meeting as we desired. It is largely taken up with journal reviews and in keeping up with the general medical literature. The different members of the staff take two or three medical journals each, and abstract briefly the valuable articles that are therein contained, not confining themselves simply to psychiatry, but taking up especially the interesting valuable matters relating to general medicine and surgery, so that we may not lose touch with the general progress of medical science. I have not anything further to add at present.

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Dr. Dewing: I will speak of one point that Dr. Russell did not refer to which came up in a discussion between him and myself before the meeting, that is the sending of nurses who are graduates of the hospital training school away for a post-graduate course in a general hospital. That was adopted when I was superintendent at Kings Park in 1903, and has been adopted at Flatbush since I have been there. It has been our experience that the majority of such nurses come back to the hospital, although some of them after coming back obtain better positions and go away, but even when they do that the hospital has received benefit owing to the fact that a higher grade of attendants make application for positions with the prospect of a general hospital training. The staff meeting is regularly held at nine a. m., and I have found that to be a satisfactory hour. There is one point that Dr. Russell referred to, namely, the system of examination of new attendants, the system of investigation of applications for positions, and the putting of the new attendants who are obtained in that way on wards under especially capable charge nurses and under the special instruction of a supervisor. I would say that such a system was begun at Kings Park in 1899 and 1900, and I found it on the whole the most efficient method of getting good material and in disciplining good material after it is obtained. The tendency is after new attendants are employed for them to drift through the service and for the superintendent and the responsible members of the hospital management to lose track of them, and so the inefficient material is not weeded out as it should be. By having them kept on a certain portion of the service for a time under the special instruction of our best employees, and then a regular examination held at the end of a month or two months, that is avoided. The fire drill that Dr. Russell referred to was begun at Kings Park 10 years ago and I felt that it was one of the most valuable methods that was introduced there, and I felt that at any time the institution was safe in regard to fire, so far as injury to patients was concerned.

Dr. Dent: It affords me a great deal of pleasure to agree with the speakers who have preceded me in voicing the good work which Dr. Russell has done in reading this paper, and what the result of it will be, I am sure, is in the near future. I am a great believer in the statement that environment changes circumstances, and I am an equally strong believer in the statement that circumstances can change environment. In bringing about discussion and criticising the different work, we should all be very grateful to Dr. Russell, and I hope, for

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one, he will put it as strong as he can. I think no earnest, sincere, hard-working man will object to criticism, if he feels that the criticism is sincere, and will result in benefit.

We have been working on many things and will unquestionably begin others, and when the error of our ways is pointed out to us, we shall gladly remedy them. Cardinal Wolsey's meditations wherein he is quoted as having said:

"This is the state of man: to-day he puts forth
The tender leaves of hope; to-morrow blossoms,
And bears his blushing honors thick upon him;
The third day comes a frost, a killing frost,
And when he thinks, good, easy man — full surely,
His greatness is a-ripening, nips his root,
And then he falls etc."

could be regarded as an admonition well worthy of note against falling into a rut.

In the matter of autopsies, the majority of my staff for some reason has not manifested the interest it appears to me they should have, and unless there is an autopsy of unusual interest, the attendance is quite small, though the autopsy is held by a pathologist. The card index is used in the hospital laboratory, and so arranged that the autopsy with the microscopical sections and specimens are easily found and accessible for future study.

Our staff meetings are held three times a week at 8.30 A. M. Admissions and discharges are discussed at two and summaries of histories at one. It frequently happens that the work can not be accomplished in this time and other meetings become necessary during the week. In addition to this meeting there is a medical society meeting once a month on each third Tuesday night, at which a paper is read by some member of the society and discussed, after which general medical subjects interesting any member may be brought up for discussion. At these meetings the pathologist exhibits such specimens and slides as are deemed of importance.

The duties of the first assistant physician are chiefly medical, and in my opinion, he should be free from other duties which would in any way interfere with this important work. It is with great effort that we are able to keep up with the very active service in our hospital on account of the difficulty experienced in procuring physicians. There are at all times several vacancies in the corps which adds to the work of each.

Dr. Elliott: I was very much interested in Dr. Russell's paper. I think it worthy of a great deal of consideration, and will bear further study after it is printed. Dr. Russell enjoys the peculiar privilege of being able by virtue of his official position to investigate fully and see for himself the methods which are practiced in each of the hospitals, and that renders his paper still more valuable. I was impressed with the fact that the doctor had very little to say regarding the duties of the superintendent, but went into details with regard to the first assistants and other members of the staffs. I have always considered it very important for the superintendent to take a personal

interest in all the clinical work and ward work of the hospital. Many of the things which Dr. Russell referred to have been in operation at Willard, as he knows, for a number of years, long before I went there. The staff meetings were inaugurated there many years ago, I think perhaps during the time of your incumbency, Mr. Chairman, as superintendent of that hospital. These meetings at Willard are held at 12 o'clock noon and last one hour. The journal club is in operation. The staff meets once each week, each member is assigned certain journals and medical periodicals, and any article which is considered of interest is read at these meetings, and to some extent discussed. With regard to the discussion of cases at staff meetings as to their fitness for discharge or parole, that is done in some cases, but I have found that in many instances it is not practicable for the reason that many cases have to be considered on short notice, for instance, relatives come from a distance and want to take the patient back with them, and the question comes up unexpectedly as to the propriety of allowing the patient to go at that time, and I have found it necessary to act upon many of these cases without their having previously been discussed in staff meeting. My policy in regard to the discharge of patients has been perhaps what might be called a liberal one; the question of recovery in many instances has not carried very great weight. I believe that there are many cases in institutions which would do better at home, providing their relatives have facilities for giving them the necessary care and attention, and in my experience I have seen cases which were hardly improved at all, get well after they left the hospital. With respect to obtaining the consent of relatives for autopsies, which Dr. Russell referred to, when I went to Willard I found that it had been the practice to obtain, if possible, consent sometimes very far in advance of the death of the patient. The Willard district is a large one, embracing at the present time 11 counties, and arrangements of that sort were not practicable if delayed until the death of the patient, and I found that it had been the custom there for some time to write relatives sometimes weeks, sometimes months in advance of the death of a patient, with a view to obtaining consent for an autopsy. That was rather a surprise to me. It had never been my practice to approach relatives in that way, and it seemed to me that in many instances it would be quite a shock to the relatives. I find, however, that it works very well, but great care has to be exercised in the wording of the letter, and great tact necessarily has to be displayed. I think that is all I have to say.

Dr. Rowe: Dr. Russell's paper is so rich in variety and thought, that he certainly must have gathered his pabulum from all the hospitals of the State. It is worthy of much consideration. Many of the principal points he makes are already being carried out at our hospital.

One thing he speaks of is the psychological moment for obtaining consent to an autopsy. I do not think when a mother comes to visit a dying son, that that is the psychological moment. Directly after the patients are admitted, the friends are more likely to con-

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sent than from six months to a year afterwards. Even if you do get permission, as the patient gets better, the relatives often want to withdraw the permission. If a patient is discharged, of course we have nothing more to do with it. If the cases are left until near the time of death, or even until the patient gets into the infirmary, it is a difficult matter to get the consent to an autopsy. Notwithstanding these difficulties, we hold quite a number of them. Dr. Russell speaks of a good thing, that of a reading-room for the employees. We have a smoking and reading-room for the men, and you can always get an assemblage.

We set aside a room for the women some time ago, and they patronized it for a week or two and then gave it up and we have since used it for other purposes. So many good things have been cited by Dr. Russell, that I think it would be an excellent thing to have an interchange or exchange between the different hospitals. That which is excellent in one hospital might be sent to another hospital for its benefit. The reading-room for the staff receives from five to 10 or more journals a week, we take all the weekly medical journals, monthlies, and other periodicals, and I think we have an excellent medical library which is looked after by one of the physicians. When a book is removed from the library a card is put in its place, and at the end of the week the doctor in charge looks after the book and makes sure it is returned. The attendants on probation are cut down very liberally. We allow them three weeks and if they do not come up to expectations they are sent for and dropped from the hospital rolls. We put them at first in the acute service where the discipline is more strict and exacting, and where there is plenty to do, and if they can not stand the requirements, we drop them after the probationary period is expired. Fire drill we have practically daily. We never use the staircases, but use the fire escapes three times a day. We allow no staircases to be used, only the outside fire escapes. Patients go out in the morning and come back at noon, and they are taught to go out quickly.

Dr. Macy: I do not mean to say anything in criticism of this very admirable paper of Dr. Russell's, but I would rather comment upon it in a cursory way. It seems to me that it represents more nearly the combined good points found in all the State hospitals, and that it will lead to economy of effort and efficiency of the service and will certainly be helpful. There is no one who has, no matter after how many years of experience, an absolutely perfect system; and it is also unquestionably true that, viewing the work in the different hospitals, we find one superintendent who does especially well in one direction, and another in another, and the visits of Dr. Russell enable him to see the good points of one institution and the shortcomings of another, and enables him to draw valuable conclusions. I think the doctor's remarks in general, combine to a great extent my own conclusions in regard to this work, but I realize more than ever the difference in the personal equation, as shown in the working out of problems in different

ways. We meet with different complications, for instance, by reason of the different hours of admitting patients, the matter of training service, the matter of visits to patients, the size of the institution, and various other things. It is not possible to arrive at any uniform system to be conducted without flexibility, in all institutions, but it is possible for us to modify our systems so as to get better results everywhere.

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I have noticed during the last few years with great pleasure the attitude of the Commission towards the hospitals, in supplementing what we have tried to do in getting larger medical libraries, larger libraries for our nurses, improving the condition of the nurses' surroundings. I think that all the work that they have done in that way, and will do, will be extremely helpful. I think that we should undertake to grade our nurses higher, pay more attention to restricting selections to a better grade of both men and women, and we can probably do so as the nature of their surroundings improves. We are occasionally, in fact all the time, troubled with nurses leaving our service after they get a good training because of the greater financial return to be found elsewhere, but I have had several such cases brought to my attention during the past year or two, where it seemed that there had been more appreciation on the part of these nurses of the opportunities for instruction they had obtained. Only recently, I had a physician tell me that he had suggested to one of the nurses in a State hospital that regular employment in private nursing could be obtained, and the nurse replied, "You must remember, doctor, that I owe a great deal to the State hospital service in giving me this training, and while I have a preference for private nursing outside, I must not forget what I owe the State." It seems a pleasant thought that some of them at least can appreciate the advantages which have been offered them.

There has been an advance made in the way of equipment, both in regard to that for the clinical study in our work, in regard to the employment of patients, and in assisting curative treatment, and those are matters that have been taken up very largely in the different institutions, according to the respective needs. If we could start from one common standpoint it would be much easier to deal with, but the location of the buildings, the difference in acreage and the variety of equipment, and all that sort of thing, is so different that I do not know that we can do very much more than simply advance general ideas occasionally in making comparisons. I have discussed with Dr. Russell before this meeting the advantage of centralization in some things at each hospital, for instance, taking the matter of the industries, bringing together the sewing rooms, in order to permit a closer supervision, and it seems to me a greater amount of individual attention could be given to patients by reason of certain changes of this kind. The doctor has had very little to say about those matters, excepting to touch upon them. In carrying out a work of this kind there is hardly anything that is not more or less different in each different institution. The size of the institution is one of the most prominent features, the number

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of admissions, and the amount of time that has to be given to the essential details which differ so very greatly on account of the size of the institution. As to the amount of time that can be given to the medical work, I think Dr. Dent touched upon that. He stated or referred to the fact that on account of the growth of the institutions there was more detail and more medical work, and there had consequently to be a division of the duties between a number of assistants on the staff, that is, among the higher paid assistants, rather than allow that work to go to one man. We find this also true, and while I think there is a general feeling on the part of the first assistants, or a good many of them, that many of these duties cause them to forego opportunities for purely professional work, which they are very loth to give up, I think the first assistants ought to be impressed with the greater responsibilities that come to them, particularly in the growth of the institutions to the large size that they are growing throughout the State, and that they must expect in their turn, as most superintendents have done before them, to attend to these many outside matters. It is impossible for anyone in a position of great responsibility in this service not to take up a great many matters outside of those purely professional, outside the purely medical work. I think, Mr. President, that is all I have to say at this time on this subject.

Dr. Smith: Such a composite picture of the work of the different institutions is very interesting, and knowing this picture to be a fact based on the ocular observation of Dr. Russell, I can see where I can improve considerably in my own. There are many things that we have carried out as mentioned in his paper. In the matter of the arrangement of the service at Central Islip, every department is divided, has its own head, and I hold each head responsible, especially outside of the medical work, which relieves me considerably of the details of the institution and enables us to get better results. As Dr. Hurd says, I think if we had the paper to read over before discussing it we might discuss it more intelligently.

Dr. Arthur: I believe that these papers should be discussed at a meeting after they are read, as we could then have an opportunity to read them over carefully, and the discussion would be more valuable to all of us. There is one thing that especially impressed me in the paper, and that was the matter of the morning meetings of the staff. It seems to me that the general business of the institution is of such importance and it naturally comes in the morning and should be carried on at that time, and to mix the staff meeting with general business would be very inconvenient. We have our staff meetings in the evening at eight o'clock, and a certain night is appointed, and no one is supposed to make engagements for that night. We have always had a full attendance and the meetings have always been very satisfactory. The business of the day is over, and there have been no objections made to holding the meetings at that time.

Dr. Ashley: There is but little I wish to say in connection with this excellent paper. I appreciate the fact that we can all derive

benefit by studying this ideal picture of the State hospital which Dr. Russell has given us. I believe that there are many things that we can take up with benefit from the doctor's suggestions concerning the service in the several State hospitals. Personally, I shall be very anxious to try to make use of the suggestions in his paper, and when the paper is printed I should appreciate it very much if, when mentioning certain features which seem good in a hospital, the initials of that hospital be inserted, in order that if we wish to try these methods and study them more in detail we may be able to find out by correspondence how successfully they are carried on in that particular hospital. We are one large family, and I think that none of us have anything good that we are not entirely willing that the others should have. The whole State hospital system can not be carried on exactly the same in each institution, but one can and does often help the other.

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I do not think that the staff meetings can be held at the same hour in all institutions. The time for doing the business work of the institution varies in each hospital according to the circumstances governing that particular hospital. Some of us get our mail at nine o'clock in the morning, others at eight, and there is often mail or other matters that must of necessity have immediate attention in the morning. These matters may be disposed of in a few minutes, or there may be other matters that would require an hour or two. Our custom at Middletown is to send the staff to the wards as soon as possible in the morning—as soon as the morning office work has been disposed of. Each member of the staff goes to his service and finishes his work upon the wards. He reports at the office at 11.30 for staff meeting, and the business of the meeting is taken up immediately, the assistant physicians reporting any new facts relating to their service, the condition of the sick, and any other matters requiring attention. After that a case is presented—the record read and discussed. If there is no new case to be presented, then suggestions as to the benefit of the service are called for, and an hour or an hour and a half is spent in discussing general matters for the good of the service.

Dr. Palmer: I am very glad to have the privilege of hearing Dr. Russell's paper. He holds an official position which calls for his visiting the hospitals at frequent intervals, and gives him every opportunity to observe the methods which are in operation in each, and he has embodied them into this paper in such a way that I think each one of us can draw some very useful lessons from them and put them in practice. I am also very glad to say that the most of them are in operation at Utica, if not as fully as outlined by Dr. Russell, at least in an approximate degree. Some one of the previous speakers mentioned the matter of nurses going to some nearby general hospital for extended experience. A few years ago this practice was put in operation at Utica, and while I think the general opinion has been that it is a valuable adjunct to the nurses' studies, for some reason it did not seem to be successful at Utica, it may be because the hospital with which we were able to make an exchange

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of nurses was a surgical institution largely. We found that our nurses were utilized in this hospital in the minor work, such as cleaning the operating room, and standing by the operator, and had very little time to learn new methods. I suppose this was inevitable in a hospital of that character. A hospital where there are more medical cases would be more valuable for our nurses. On the other hand, the nurses that came to us from this institution did not seem to take particular interest in our service, so that after several years the practice of exchange of nurses was dropped. Some one else has spoken about the discharge of patients, I think Dr. Elliott. I want to say just a word with regard to that. I agree with Dr. Elliott that there are a great many cases which are not recovered which are better off at home, if the superintendent can assure himself that they can have proper care. A great many patients of this class are discharged, but with regard to recoverable cases I make it a rule to have the officer in charge of the service give the case a thorough examination before the patient is allowed to go, and when he has completed his examination and reports, I also make a thorough examination of the case before it is discharged. I think we are conservative at Utica in the matter of recoveries.

Dr. Wagner: I want to thank Dr. Russell for the paper he has read. It impressed me as being one of the best, in fact, I may say I think without exaggeration that it is the best paper that I have heard presented in this room or anywhere else. I must confess that while I listened to Dr. Russell, I felt a little uncomfortable; like some of my colleagues assembled around this table, I have been a little inclined to pat myself upon the back and say to myself "Binghamton is all right; Binghamton is moving along about as well as any of them," but under the fierce light Dr. Russell has shed into many dark corners I must confess a feeling that we have weakness in many places at Binghamton where I thought we were strong. I have listened with great interest to the discussion that has gone around the table, which has been quite extensive, and I have little to add beyond this that I want to go back home and make the weak places strong and the strong places stronger, and I hope Dr. Russell's paper may be printed at a very early date, and that it may be sent around to the hospitals so that I for one may have a copy that may serve me as a guide for the improvement of the service in many directions, and I am very confident that if we conscientiously carry out the suggestions contained in Dr. Russell's paper, the best of the hospitals will be better and those that are not so good will be a great deal better.

I want to offer a little memorandum that I have prepared on an aspect of the situation which has not been touched upon in considering measures for improvements in the State hospital service and our difficulty experienced in maintaining an adequate hospital staff.

Mr. Chairman: That is a matter outside of the discussion now in order, and should come directly to the Commission. Undoubtedly the matter of salaries should be considered, but I do not think it is pertinent in connection with this discussion. I would suggest

that Dr. Wagner refer his memorandum to the committee on improvement of the medical service.

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Dr. Howard: In order to avoid repetition in discussing this paper, I will simply call attention to two minor points, first, that occasionally we have received requests from family physicians to attend the staff meetings at which their cases are considered, and that that suggests to me the idea that certain of the younger physicians in the neighborhood of a hospital would be very glad to receive from us invitations to attend staff meetings, particularly these special meetings that are suggested as evening meetings. Again, that in the library for nurses a good general dictionary in a convenient place, is found to be very much used and appreciated by the nurses and also by the other employees. This is well supplemented by a reasonably sized dictionary of a medical character. These dictionaries need to be in both men's and women's departments, so that the desire to consult a dictionary can be met.

Dr. Hutchings: There are one or two points to which I wish to refer in discussing Dr. Russell's very excellent paper. One of these is his omission, possibly intentional, to make any reference to the subject of clinical records upon the wards for acute insane and acute sick. We keep very complete clinical records, and we consider them of extreme value in the training of our nurses. They are kept by the nurses in the ward, who record the symptoms presented by the patient in the absence of the physician, the diet, and everything of interest relating to the case. These are very closely examined and criticised by the doctors on their rounds, and not only serve to throw light on very many of the cases, but are useful for reference in making a summary of the case, and train the nurse in habits of observation and in reporting symptoms.

It seems from the discussions that have gone around that the arrangement of the duties of the first assistant at Ogdensburg is a little different from the others. This was instituted after a conference with Dr. Meyer and the president of the Commission, and it seems to be worthy of some reference. The first assistant is charged with the responsibility for the new cases. He spends almost his entire time on the wards, being in the office very little. Each patient on admission is placed on one of the regular services, which is in charge of an assistant physician, who admits the patient and does all that is necessary in regard to the immediate treatment or caring for any emergency that may arise. The first assistant sees the case at least the next morning, and either himself makes a complete examination, or when he has on hand as many cases as he can do justice to, he assigns the case to another physician who examines it, but under the direction of the first assistant, and prepares all the records. The first assistant, therefore, gets the very best medical training, which is as it should be. It seems to be the general desire of first assistants to identify themselves with the medical work, and I think that the acute cases are more thoroughly looked after, more carefully examined and better understood than by any other plan I have seen pursued.

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Mr. Chairman: Dr. Russell, I want to thank you for the systematic way in which you have outlined the work of the institutions. It seems to me that many of these conditions can be met, and they are being met. In listening to the discussion I have listened perhaps not in vain for some opinions in regard to how the medical service can be bettered, how the institutions themselves can be bettered. I thought probably somebody would make some suggestions. I have a suggestion to offer, and it is this, that any superintendent who has a suggestion to make, any matter of this kind for the improvement of the service, can send the same to me at least a week before each meeting, and the suggestion then made will be brought up in the usual routine of the meeting. I think that this is one of the most important matters that this conference can consider—the betterment of the service. We do not want to stand still; we should make progress. There are two or three points that Dr. Russell spoke of that I want to emphasize. In the staff meetings the doctor spoke of having a secretary to keep the minutes of the meeting so that unfinished matter would not be lost sight of. It seems to me that this is very important, that in the usual run of the meeting matters which were considered at the last meeting, and not finished, may by oversight, fall by the wayside. The idea of cases being presented for discharge at staff meetings is a good one, and wherever it is possible to carry out it seems that the patient gets benefit. There are undoubtedly cases, as Dr. Elliott speaks of, where relatives will unexpectedly ask to take a patient away on that day. This does not operate against this general system, but is simply an exception to it. In all these matters which Dr. Russell has spoken of, the system has to be an elastic one. Another matter is, that where you have journal clubs the superintendent and first assistant should go over and check the articles which are to be assigned. I think if you leave it altogether to the assistants that sometimes important articles will not be noticed. Now if the first assistant and superintendent check the articles, the assistant physicians can also suggest or note certain articles which might be abstracted, it simply will add to the interest of the service. The idea of having staff meetings in this State I think originated with Dr. Wise. I think he is entitled to the credit for these meetings, and the value of them has appealed to me so much that when it came to the matter of our amendments to the insanity law this year that was put in. It was at first proposed to have a meeting every day, but it was pointed out by one of the superintendents how hard that would be, and that it might take away from the interest, and might interfere with certain branches of the executive work, and therefore the meeting was provided for at least twice a week. It makes it optional to have as many more meetings than that as possible; it does not mean that you are limited to two meetings a week, but according to the methods of particular institutions the meetings may be held as frequently as occasion demands.

Dr. Russell: I wish to thank the gentlemen for their kind expressions in regard to my paper, and I would like to say that if it has any

merit it is not because of any views of my own expressed or any suggestions that might be regarded as personal. The part that I have played has simply been in selecting the material for the paper and the particular merit of it is that all of the features that have been talked about are actually in operation in one institution or another, so that they carry with them what is always the best argument, the fact of a thing done. I confess I was rather interested in listening to the discussion to see how it followed rather purely medical lines, in regard to the medical work of the staff particularly, which is certainly where our hearts are and where perhaps our deepest interest should lie. At the same time there were certain points that were brought out in the paper in reference to other departments of general administration which I would have been glad to have heard discussed. It seems to me that the discussion has demonstrated very clearly the great value that must belong to these conferences in making the knowledge that is acquired in one place available in others. One of the tasks of the committee on topics will be to shape the discussions of the conferences so that at least that one thing may be done: that the knowledge that is acquired in one hospital may be made available in others. There are undoubtedly features in the management of the hospitals and the treatment of the insane which are neglected just because that is not always brought about. Now we know that in Europe for many years, for perhaps 20 years, the continuous bath treatment has been in operation, but only to-day is it being introduced in this country. Certainly that ought not to be in regard to helpful features, but certain desirable things are also being done in some hospitals in this State that are neglected in others and it seems to me that the only way to overcome this defect is by bringing matters to these conferences and talking them over. I certainly wanted to make it plain that I do not think that you can properly impose on one hospital the methods in vogue in another. I think Dr. Macy expressed my views in regard to that perhaps better than I could myself. In regard to the superintendent's duties, I thought of that subject, but did not think it advisable to undertake to say anything about it. The conditions are so different in the different hospitals that it seemed to me that it would be better to have a special paper covering this subject, and I think it might be a profitable one. I would like to say one word more in regard to the duties of first assistant physicians in relation to the general management of the institution. I think that as the institutions get larger, they become very complex, and the first assistant physician must take a more active part in the general management, and not only the first assistant but the other assistants also. More things must be made matters of conference between the principal members of the staff.

In regard to this conference there is one suggestion I would like to make. Dr. Arthur, I think it was, said that a paper read at one conference should be discussed at the next. I think that in the case of a good many articles, if a synopsis were sent around in advance of the meeting, it would be helpful. After a paper was prepared, a synopsis

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could be sent to the Commission, and to the different institutions. I think the suggestion of the president is a very admirable one.

Mr. Chairman: There are one or two things that did not come in these discussions, which might be referred to. At the end of the year it might be well for a committee of this conference to select some papers for printing in pamphlet form as may be of value to the institutions, so that you will have them separate from the routine matters which come before the conference. You may have anywhere from six to 12 papers during the year, and in that way it will be a permanent record of the work of this conference, of what it is doing in dealing with the great questions that come before us. How do you think that strike the members of the conference?

Dr. Wagner: I should think very favorably of it.

Mr. Chairman: As there seems to be no objection on the part of anyone, I think that I will appoint an editorial committee, consisting of Drs. Pilgrim, Russell and Wagner.

There is another matter incidentally occurring to me, with regard to the training schools, and that is the matter of certificates as issued by the Department of education. I have seen Dr. Rogers, the first assistant to Dr. Draper, and he assured me that our schools will be registered, our graduates will be registered. Those where they have facilities for obstetrical cases will be registered in full, and those that have not will have a different kind of certificate issued. He says that the schools will all be registered so far as the male nurses are concerned. He has not yet given any written decision in the matter, but has stated so verbally, and I have confidence that it will be attended to. He suggested that certain institutions could send their graduates to outside institutions where they could get experience in obstetrical matters, and that could probably be done except Willard and one or two other places. The hospitals will be notified as soon as we get word from the Department of education. It is safe to say that all male graduates can be registered now. The schools are considered as having fulfilled all statutory requirements in regard to their male graduates.

The matter of carrying over matters for discussion, as spoken of by one or two, and particularly Dr. Arthur, and as emphasized by Dr. Russell, I think is worthy of consideration. At the same time I think there should be some discussion at the time a paper is read, because it is fresher in the minds of those present, but the suggestion of Dr. Russell is a practicable one and easy to carry out, and each person who is to read a paper might very well make a synopsis of it, and send it himself to each superintendent two or three weeks in advance.

Dr. Howard requests information as to the advisability of asking young men from outside into the staff meetings, and about having family physicians there when their cases are discussed, and I think that it is an admirable suggestion, and will aid a great deal in strengthening the position of the hospitals, and I see no objection to carrying out that idea.

The next paper to-day is that of Dr. Arthur on the "Bed Treatment of the Insane," and after the paper is read the discussion will go on.

until this afternoon. I want to say that Dr. Arthur has not had very much time to prepare this paper, as his first assistant has been away, and he has prepared it under considerable stress. Conference of
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Dr. Arthur reads his paper on the "Bed Treatment of the Insane."

Rest treatment for the insane has been in vogue at the Gowanda State Homeopathic Hospital since its becoming operative, up to a certain extent. Its list of recoveries and low death rate and general good health of the patients where a large percentage of its patients are made up of transfers, certainly argues favorably for it. I wish to state, however, that I do not believe in the unlimited placing of patients in bed and retaining them there in an arbitrary manner without any reference to individual conditions.

In my reports under treatment to the board of managers and the State Commission in Lunacy from time to time, I have dwelt particularly on the benefits, both to State and to the patient, of labor for the insane; and, where the patient is selected with reference to his mental and physical condition, by experience, I have never seen any ill effects and nothing but benefit.

In the Gowanda State Homeopathic Hospital, out of 750 patients, we have an average of 115 in bed throughout the year, or about 15 per cent. We have some 40 to 50 other patients who remain in the hospital department at all times under close observation, and who have been in bed from time to time. The majority of this class of patients have undergone bed treatment that are convalescent from their condition to such an extent that they are allowed to be up and dressed; the others are the weak and helpless; homicidal or suicidal patients, who, of course, have to be under constant surveillance and can be better watched and cared for in the hospital department than on the ward with its many places for concealment.

The vast majority of our patients have been transfers and, of course, are not those whom the rest treatment would do much good, except in a way of preserving their health and lives, as the bed treatment is undoubtedly the best care that can be given for the weak and helpless.

The rest treatment is a constructive process applicable to divergent morbid states that presents special symptoms, whatever the exciting cause may be, the resulting condition is most often one of defective nutrition and metabolism. While rest treatment in itself may be curative, the scientific application of the indicated remedy, together with other adjuvants such as diet, massage, hydrotherapy and food, are important factors in promoting a speedy return to health. It is the individual condition that must determine whether the patient's mental and physical condition demands rest, and whether it shall be a rest for a great or small length of time.

Dr. S. Weir Mitchell, who first employed rest treatment in this country and brought it to more or less perfection some 25 or 30 years since, met with success both in private and hospital practice and found it most efficacious in renewing the vitality by a combination of entire rest and excessive feeding, with the auxiliary of massage and electricity. His cases most frequently referred to have been women,

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nervous women as a rule, who are thin and lack blood. He refers to them as "Most of them have been such as have passed through many hands and have been treated in turn for gastric, spinal and uterine troubles but have remained at the end, as at the beginning, invalids." In his books on fat and blood, he records many remarkable cures of nervous cases of many years' duration, the principle of treatment being chiefly to build up. The loss of fat goes along with conditions which impoverish the blood, and the gain in fat, *vice versa*. To gain fat in the feeble is nearly always to gain blood, and good blood is essential to healthy brain action. This means to eat, breathe and sleep, a life as devoid of voluntary efforts as possible is the main object in view. The process toward returning health is gauged by the increased weight, by improvement in impoverished blood and by the gradual disappearance of fatigue symptoms, together with improvement mentally.

Dr. Selden H. Talcott, the late superintendent of the Middletown State Homeopathic Hospital, was, I believe, the first to adopt this form of treatment to any extent as especially applicable to the insane. He gives as advantages of this behalf: 1st. The waning forces of the patient are most surely conserved. 2d.—An easy circulation of the blood throughout the entire system is facilitated, and thus the waste products by disease are most speedily and naturally repaired. 3d.—Digestion and assimilation of suitable food in cases where the normal functions of the body are much below par are best promoted in bed treatment. 4th.—The patients are more readily protected from injuries when in bed than when allowed to wander about the ward in association with disturbed and violent patients. 5th.—The application of heat is most readily made and its benefits most uniformly secured when the patients are in bed and carefully covered with suitable clothing. 6th.—Attendants treat bed patients with more consideration. A sick person, when in bed, always excites more sympathy and the nurse is apt to accord him more thoughtful care than when the patient is attired in his usual clothing and moving about the wards. 7th.—An insane patient, weak in body and either excited, depressed, or apathetic in mind, recovers more readily and certainly when afforded proper bed treatment than when allowed the freedom of daily exercise.

These conclusions of Dr. Talcott's were arrived at after years of experience in the successful treatment of this class of sick.

Rest treatment, therefore, consists in placing the patient in bed and keeping him there until his exhausted energies have been restored or improved, together with plenty of feeding, intelligent nursing and proper medication. It, however, may be employed in cases which do not need it, or it may be extended too long. Those cases where, in our experience, rest treatment has been the most efficacious, are especially melancholias and acute manias. The melancholias, where there is a devitalized condition from malnutrition and with suicidal inclinations, and the acute manias, whose delusions would soon bring him into a condition of complete exhaustion through ceaseless motion—this class of patients, when placed in a

quiet hospital ward with good light and ventilation, trained nurses with tact and discretion, fed with a nutritious diet, colonic flushing where indicated, passive motion as massage, most certainly improve rapidly and show satisfactory results. Conference
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We might say that there are six different agents of rest treatment, namely, isolation, rest in bed, forced feeding, massage, hydrotherapy and remedies to meet special symptoms. It must be borne in mind that the application of rest treatment depends to a large extent for its good results on the selection of the cases and the good judgment with which it is administered. As I have stated, too long confinement in bed in some cases is certainly injurious. Many hypochondriacal cases who, after a thorough physical examination, are found to be sound, should be almost forced to take some light exercise. Again, in cases of dementia præcox, if the patient is left too long in bed he is very liable to become too fat and drifts easily into a condition of terminal dementia. These cases are not liable to recover, but by systematic treatment and careful watching we may be able to so improve their condition that they may be employed in useful occupations about the hospital.

There is a class of patients where we have found absolute rest treatment to be the only remedy, and that is in cases that we denominate as infective-exhaustive psychoses. In these cases we have most excellent results when we put them in bed in a single room immediately off the hospital department, where there is little noise, no excitement and where they are kept at complete rest until they recover. These cases should not be allowed up even for a short portion of the day until there is considerable improvement in their physical health. They should be moved to one bed from the other in being changed and under no circumstances should be allowed to walk to the water section. From six to 14 weeks is about the time given these cases in bed; after this they should be allowed up a few minutes each afternoon, increasing from one to two hours; then they are started in the same way in the morning until allowed up the entire day. The necessary exercise is given by passive motion and massage with cocoanut butter and oil. This is particularly efficacious in conditions where there is obstinate constipation, a condition that is often found to be the case. With persistent constipation, a tablespoonful of sweet oil several times a day is beneficial. As important a point as rest in these cases is feeding. The patient could be overfed. Special diet must be prepared and served in as appetizing a manner as possible. Eggs and hot milk for breakfast especially, a milk punch between nine and ten in the morning and an egg lemonade between three and four in the afternoon—at least six eggs a day, together with milk every two or three hours. When the patient refuses to eat a sufficient amount of food after persistent urging, he should be tube-fed at least twice a day, four eggs being put in each quart of milk. With disturbed cases and insomnia of depressed conditions, we find hot packs very beneficial, and where the patient is intensely maniacal, prolonged hot baths have a quieting effect for hours.

The indications for bed treatment and the time for its cessation must, of course, be left to the good judgment of the ward physician. It may be considered as near an exact fact as anything can be in the treatment of the insane that when, after a certain period, a patient has steadily fattened but there has been no corresponding mental improvement, the rest treatment is not further indicated. This conclusion must be reached, especially if a thorough examination of the blood shows it not to be a case of fat anemia. These cases might be better put to sawing or chopping wood, an exercise that serves a good turn where indicated, for it aids in restoring the circulation and increases the metabolism.

Besides the recoverable cases, I would call your attention to the cases of general paresis and the helpless terminal dement. Here by placing them in bed, you reduce the chances of accident and injury to a minimum and, although you can not expect a cure or much improvement, you certainly conserve the health and prolong the life. In cases of insanity with progressive loss of nerve force, we know that the patient is especially liable to fractures and bruises from the slightest falls and the slightest contact with any object, even with other patients, and it is to this fact that the large majority of investigations of abuse of patients are due. Bed and rest in these forms of insanity are certainly a safeguard not only to the patient but to the hospital's good name. It is seldom that you can convince the relatives or friends of a case of general paresis that the bruises they may find on the patient's body after death, which in a majority of cases are due to slight contact with some object, or even from the careful nurse's handling, are due to anything but brutal and abusive treatment. By placing this class in bed, you conserve the patient's health and eliminate all chances of scandal; besides, it can not be considered hospital care to have the weak, the exhausted, the filthy, the suicidal, and the homicidal, roaming at will about a large ward where it is impossible for the eye of the nurse, however well trained, to constantly watch and care for them as they should be watched and cared for.

Absolute cleanliness and pure odors are the first factors in promoting the ideal hospital. How is it possible to maintain good odors throughout a ward where you have patients so far along in a state of dementia, of defection or paralysis as to lose all control of function? The so-called insane odor that we all think we can recognize and which appears so characteristic as an odor and so prominent in the older buildings in the State used as hospitals for the care of the insane, when reinforced by the odors of the excreta of this helpless class, must be especially offensive to both the employees and many other patients, even where the patients are classified in the best possible manner. The odors from the insane seem to be worked a good ground into the very walls and woodwork of our older hospitals, and it is only by the eternal vigilance of the officers and employees together with the constant use of soap and water, that our newer ones are kept clean. There is no reason, to my mind, why the ward of a hospital for the insane should not be as sweet and pure as the

of a general hospital. Segregate the filthy in hospital departments by themselves with facilities for quick and vigorous ventilation and you promote the best and primary idea of a hospital, which is brightness, cleanliness and good odors. A thorough hospital condition of a ward is as much of importance in the care of the insane as is a sanitary condition of the patient. It is hard work for us to convince the average lay person that there can be a good system of care or of modern hospital methods where there are untidy ill-smelling wards. I speak, therefore, of this class of patients as best treated in bed not only in the interest of the patient but of the nurse and ideal hospital care.

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It has been my experience that filthy patients, when placed in a hospital and closely watched by skilled nurses, will soon form the habit of attending to the calls of nature. Patients who would, if placed in a filthy ward and forced to sit up during the day, soil the bed every night the year around, will, when placed in bed in the hospital department and closely attended by watchful nurses soon form the habit of complying with the necessities of nature and cease from being filthy. The filthy ward in the hospital for the insane, to my mind, is as unnecessary as is the use of the crib or leather muff.

I believe there to be four important results to be obtained in the treatment and care of the insane, namely:

- 1st. To promote recovery;
- 2d. To improve their condition;
- 3d. To make them comfortable and contented;
- 4th. To care for them at all times as sick people.

To obtain this, it has been my experience that all patients should be placed in bed on admission, where you have the facilities to give them a thorough examination both mentally and physically, and trained nurses with tactful qualities who are able to study and report symptoms minutely. With our present methods of history-taking we are, in a very few days, in the large majority of cases, able to diagnose and often give a fair prognosis of the case, and thereby map out a line of treatment.

With all four results to be obtained, bed treatment, in our experience, is applicable. We find that the victims of every form of insanity, whether that form be characterized by mental depression or by mental exultation, are greatly benefited by bed treatment for a greater or less time. The melancholiac more surely improves when placed in bed and properly nourished and protected from every adverse exposure than when allowed up and dressed. The maniacal patient becomes quiet and tractable and makes better progress towards improvement. The general paretic is less liable to receive injuries and his paroxysms of tremulous excitement subside much more quickly when placed in bed than when allowed up and staggering about the ward. The victims of dementia are less filthy and can be better cared for and made more comfortable. Apathetic and depressed patients, when subjected to careful hospital treatment, sleep better and in a short time eat better.

It is also the duty of the hospital superintendent to exert every effort to improve the condition of all patients not likely to recover

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to the point where they can be cared for at home, or at the county house, and be of use in the various industries about a hospital and thereby lessen the cost of their care. Thus proper care to the chronic insane brings its returns, as it does in the case of the acute. Again, who can controvert the fact that the weak, the exhausted, the old and feeble, can be made more comfortable and contented by rest in bed and their strength better conserved and their life prolonged?

Again, we all recognize the insane as sick persons, and the insane person is more liable to recognize in himself something wrong when he finds himself in bed, much more so than when allowed to roam at will about a ward with every lack of a hospital appearance. The nurse is more liable to appreciate her calling and the fact that the people she is caring for are sick and in need of careful nursing. She feels that she is something more than a mere keeper and soon learns to have as keen an appreciation of her profession as does a nurse in a general hospital. To one who feels that he is more of a guard or keeper than a nurse, to that one must there naturally be less feeling of sympathy and in consequence less critical care and faithful attention.

The fact that in bed treatment so many helpless patients get along without injury, the small percentage of minor, and no serious accident, the few cases of pneumonia, the almost total freedom from phthisis and the practical absence of grippe among our debilitated patients in bed, make an exhibit of results that is certainly encouraging to bed treatment.

Of the 1,211 patients under treatment at Gowanda, since being operative, 617 being transfers and 594 direct commitments, there have been 23 cases of pneumonia, an average of 3.3 per cent each year. When you consider the susceptibility of the insane to this disease, it would seem to indicate that the bed treatment is certainly a preserver of the life of the insane. Of the 16 cases of tuberculosis, 11 were transfers and five direct commitments. No tuberculosis has developed in the hospital and practically no grippe. It may prove dangerous to make this statement, but we have had no suicides or homicides. I quote these cases of pneumonia, tuberculosis and grippe, as they are the only other serious diseases, aside from erysipelas, we have to contend with in the treatment of the insane. The results show that those most prone to pneumonia in a hospital for the insane, namely, the aged and feeble, are cared for better in bed, and therefore comparatively free from the disease.

It is not my intention to quote statistics from the Gowanda Hospital, but it is interesting to note that of the 55 patients discharged recovered for the year ending September 30, 1904, two cases have returned to the hospital; that the average time under treatment of the 55 patients was seven months and the average time of each in bed seven weeks.

I quote here two cases of patients who are about recovered at the hospital, in which the rest treatment has been pursued with vigor, and give you the course of the disease with treatment. These cases were prepared for me by my assistant, Dr. Robert Schley:

The first case is a purely exhaustive one. A woman, age 42, Swiss, who had always been perfectly healthy, doing her own work. She was married at the age of 24 and has had a child every two years since then, having nine children. Her husband was a factory hand in Dunkirk, earning good wages. During their early married life they were able to save quite a little, which they very foolishly invested and lost three years ago. After this they had to live a hand to mouth existence, and the patient had to work very hard, losing much sleep, staying up late nights to do the mending for the family. Two years ago she began having very severe headaches and could not sleep; soon afterward she had some difficulty with her neighbors which increased her troubles. In November, 1903, she found it necessary to go to a hospital for her headaches, as she was unable to carry on her work. While there she had hallucinations of hearing. She remained but one week, as she did not feel that she could afford to stay away from her home any longer. Soon her headaches returned and she was able to sleep but little, working 48 hours at times. As the summer passed she became more restless, and about a month before her admission she had distinct hallucinations of hearing, believing that birds and animals talked to her. These became more persistent and she finally believed the Lord commanded her to go bare footed from Silver Creek to Dunkirk. She was taken up by the police and sent to us. On admission her physical examination showed a well-developed, poorly nourished, middle-aged woman with marked anæmia, her Hb. being 65, with her blood count normal. She gives a history of having lost 75 pounds in the last year. She was quiet, but soon after being taken to the hospital and put to bed, she became restless but playful; asked the night nurse if she knew how to play tag and started running about the room, jumping over chairs and beds until caught. When the physician went in to see her she threw a chair at him. She was continually getting into mischief, her antics reminding one of a monkey. She was almost clear about her position and surroundings, but brings many events into delusionary connection with herself. She still had marked hallucinations.

The following treatment has been carried out: On admission she was immediately put to bed and kept as quiet as possible from Oct. 1st to Dec. 3d, when she was first allowed her clothes. Nights when she was particularly noisy and restless, hot packs were given and a glassful of hot milk every two hours until sleep was induced. Besides her regular meals, two eggs were given for breakfast, then one in an eggnog at 10 a. m. and another at three in the afternoon. This was kept up for four months. We had no trouble in this case about eating, as she was always very hungry. She has gained steadily since the day of her admission and her mental condition has improved with the increase in her weight. Hb. is now 90 per cent. She has gained 25 pounds in the time she has been here. The remedy given was stramonium 3x-2h.

The next case is more of a depressed type: A woman, age 43, with a negative family history, who was perfectly well all her life until the birth of her first child when she was so severely lacerated

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that it was necessary to perform a trachelorrhaphy and perineorrhaphy. Ever since then she has been in very poor physical health. She has had five children without any particular difficulty after the first one. Seven weeks before her admission, her last child was born and with no difficulty, she being in good health for her. When she began getting around again, she noticed that she had headaches, with difficulty in thinking, but paid no attention to it, thinking it was due to the puerperium. Seventeen days after the birth of her child, she suddenly got up and began screaming, "Let me get out of here before I kill somebody." She was very violent through the night, but the next day was quiet and refused to talk or eat, and had to be catheterized and was filthy in her habits. She refused to walk and had to be carried to the hospital, showing no emotion on parting with her husband. After admission her condition remained the same. She was very resistive and retarded in walking and speaking, refusing to eat, and would follow with her eyes in an anxious, worried manner any new person who came on the ward. The physical examination showed a poorly-nourished, middle-aged woman who complains of headaches. She was unable to put out her tongue, as it would catch on her lower teeth. It was tremulous, with a coarse, tentative tremor of the hands. All the reflexes were exaggerated. She would only walk when supported; all her movements were made slowly and hesitatingly. The radial pulse when at rest was 80, but at the least excitement would run up to 130 and be very weak. Her Hb. was 60 percent. She was immediately put to bed and kept at absolute rest; massage with cocoanut butter was given every evening. It became necessary to tube-feed her three times a day with one quart of milk and three eggs at each feeding. It was only necessary to catheterize her the first day. At the end of a week she was tube-fed only once a day and was spoon-fed the other two meals. She was much brighter, noticing the people on the ward, at times trying to speak but only forming words with her lips, making no audible sound. The following week it was only necessary to tube-feed her once in two days, as she would take a normal amount of food after some urging. She began answering questions slowly, but in monosyllables, asking questions in the same manner.

She is now after four weeks much improved in every particular, having gained nine pounds since her admission. She talks readily and well, showing an interest in the hospital, and asking anxiously every day about going home. She is also very much interested in knowing how her people are getting along. We still find it necessary to give her six eggs a day besides her regular diet. We expect to keep her at absolute rest for at least a month longer.

Dr. Arthur: I should also like to say where the case demands it, after there has been a thorough physical examination, we often recommend recreation and work both in the interest of the patient and the interest of the State. A great deal of my paper concerns the Gowanda State Hospital, as the bed treatment is carried out there.

Recess until 2.00 p. m.

Conference resumed at 2.15 p. m.

Mr. Chairman: We will go back to the matter of the report of the committee on the classification of statistical papers.

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Dr. Pilgrim submits and reads report.

REPORT OF THE COMMITTEE ON CLASSIFICATION

A committee composed of Doctor Chas. W. Pilgrim, Doctor C. G. Wagner and Doctor Adolf Meyer, met on February 20 1905, and submits the following decision:

For the statistical tables, the following groups shall be specified:

1. Alcoholic insanity;
2. General paralysis;
3. Senile insanity;
4. Epilepsy with insanity;
5. Imbecility and idiocy with insanity;
6. Other psychoses;
7. Not insane.

These items are specified because they are the ones which interest the State, and must be uniform for all the hospitals.

In order to encourage conscientious and progressive work it is suggested that a second table be incorporated in the superintendent's report, open to some latitude of choice according to what the individual hospital staffs would like to specify, but in such form that it will be easy to make a computation into the following classes:

1. Brain tumor;
2. Traumatic psychoses;
3. Psychoses accompanying other nervous diseases;
4. Senile psychoses;
5. General paralysis;
6. Alcoholic psychoses (perhaps with subdivisions into types);
7. Morphinism and cocaineism, etc.;
8. Infective-exhaustive psychoses (delirious types);
9. Allied disorders;
10. Depressions not sufficiently distinguished;
11. Melancholia symptomatic;
12. Depressive hallucinosis;
13. Involution melancholia;
14. Disorders allied to the depressions;
15. Paranoic conditions;
16. Dementia præcox;
17. Allied disorders;
18. Manic-depressive psychoses;
(1st, 2d, 3d, 4th, etc., attack);
19. Allied disorders;
20. Constitutional inferiority;
21. Hysterical insanity;
22. Epileptic insanity;
23. Imbecility and idiocy with insanity;
24. Not classified;
25. Not insane.

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In the above the item 9 implies disorders akin in type, but not sufficiently in etiology, to the toxic and infective-exhaustive processes. Item 14 covers disorders allied to the depressions (10 to 13). Item 17 contains the disorders akin to paranoic conditions and dementia præcox.

In this way the committee feel that the State gets in a condensed form the sociologically important data, and that it is easy to compute those from the more complete essentially medical statistics of the larger table, for which a certain latitude can then be maintained, without disturbance of the whole scheme of statistics.

Very respectfully,

CHAS. W. PILGRIM

Chairman

Dr. Pilgrim: Dr. Adolf Meyer, Dr. Wagner and myself on February 20th agreed on this report, but since then Dr. Meyer thinks there might be some modification, for instance item 10. Depressions not sufficiently distinguished, and item 14, Disorders allied to the depressions, seem to be about the same. Dr. Meyer's idea is that one or the other of those classifications should be dropped. He wrote me the other day asking if I would present the report as agreed upon at that time, but I think before we take any definite action we had better wait for another conference with Dr. Meyer.

Mr. Chairman: Dr. Pilgrim can send copies to the superintendents, so they can be prepared for action at the next conference. If anything arises in the conference with Dr. Meyer it can be brought up at that conference for settlement. Copies will also be sent in the printed minutes.

The conference will now proceed to the discussion of Dr. Arthur's paper. Instead of hearing from the individual members in order, the subject is open to discussion by anyone, and we will be glad to hear from anyone.

Dr. Hurd: I wish to express my appreciation of the paper. I am in a position to realize that Dr. Arthur had a short time in which to prepare it, and under conditions which were not favorable to uninterrupted work and study. His reference to the ease of caring for the senile, restless and agitated cases by keeping them in bed appeals to my experience quite forcibly. Those who are restless and agitated because they are below par and run down, in my experience, are best cared for by giving them that rest and that quiet which soon comes after a few days in bed. At first it is seen that they are apt to be quite restless and agitated and hard to keep in bed, but usually this does not last more than a few days and is followed by a period of quiet and recuperation which is certainly beneficial to the patient, and removes them to a certain extent from danger of self-injury, and it is also a source of much more easy administration on the part of the officers. On the other hand I feel that his point made in regard to keeping too long in bed, cases of dementia præcox is an excellent one, because deterioration is the rule in such cases, and to prevent sinking down to undue dementia, occupation and

employment or something which will bring the mental faculties into a certain amount of play seems to me very valuable means.

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Dr. Dent: I think we are all indebted to Dr. Arthur for his paper, because it will set us to thinking on lines probably some of us have not been thinking of and will undoubtedly result in good. I wish to prelude my remarks by saying that there is no intention on my part of criticising Dr. Arthur, but would like to bring up some points in regard to bed treatment. Of course everyone knows that in case of Glenard's disease and gastro-intestinal disease, you will have improvement if the cases are kept in bed, whether insane or not. They will gain in weight outside of the hospital as well as in the hospital, but people suffering in this way should not be kept in bed and overfed. The surest and safest way of modifying that high arterial tension found in all cases of insanity, complicated with leucocytosis, is by rest in bed.

A good rule to follow is to examine the stomach about one and one-half hours after meals. If a splashing sound is found, you may be assured that assimilation has not taken place and you are warranted in examining for atonia gastrica which, if found, would immediately call for special treatment of vast importance. Were you to overlook this trouble and overfeed the patient, you would only augment the auto-intoxication. I would here recommend to you a book on this subject published by Funk & Wagnall's Company, written by Professor Doctor Achilles Rose and Dr. R. C. Kemp, a great deal of the work having been done at our hospital.

I do not think too much attention can be given food, and to further study this subject with gastro-intestinal disturbances, we have, under the supervision of Dr. R. C. Kemp, undertaken special work in this line which I trust will be of some benefit later on.

This hospital has for many years favored bed treatment and has enforced the custom of keeping recently admitted patients in bed for several days for the purpose of making mental and physical examinations, aside from the "rest cure." The "outdoor treatment," as we call it, consists in keeping our recent admissions in tents and wooden pavilions with as free ventilation as can be had by raising the sides of the tent when the weather will permit. The wooden pavilions are in use summer and winter and so constructed that patients in bed can look out doors through windows open or closed as the weather indicates. In summer the sashes are taken out altogether and tent curtains used to keep out rain.

Dr. Ashley: I agree with the general statements as to bed treatment of the insane as outlined by Dr. Arthur. I notice that he speaks of feeding milk and eggs, especially when a patient is fed by means of the nasal tube. I gathered from his remarks that this food was given exclusively. If such is not the case I do not recall his mentioning any other food. My experience has been that if a patient is fed artificially with milk and eggs only after a short time this food does not agree with him and the breath becomes exceedingly foul. We have found it advantageous to vary this diet by substituting bovine, malted milk, fruit juices, or a mixture of boiled flour and milk made thin enough so that it can be fed by means of the nasal tube.

Dr. Elliott: So far as I know, with most of us it is the practice to put all newly received cases to bed for observation, at least a few days, but in my experience only a small proportion of them are required to remain there. There were one or two statements which the doctor made which attracted my attention especially, and there are some matters bearing upon this subject to which reference was made. The statement of Dr. Mitchell referred to in the paper, to the effect that "to gain in fat means to gain in blood," I am inclined to doubt in some instances; I believe that some patients will take on adipose, which is really a morbid condition, and may be called a degeneration, and it is not always to be looked upon as a good sign. I agree with what Dr. Hurd said concerning certain cases of dementia præcox; we find it necessary to pursue bed treatment in a considerable proportion of these cases. Dr. Arthur spoke of the good results attending the bed treatment of the disturbed and violent cases, and mentioned in particular the parietic cases, but he did not say what means were adopted to keep that class of patients in bed. In my experience it is exceedingly difficult to keep such patients in bed without some kind of restraint. I have always understood that the Middletown State Hospital was responsible for the invention of the so-called protection sheet. It was in use to some extent in most of the hospitals, especially for the class of patients just mentioned. I have come to look upon it, however, as a very severe form of restraint, and I think that the word "restraint" would be a good deal more appropriate than the word "protection" for that kind of sheet. With certain exceptions I think patients who can not be kept in bed without resort to an appliance of this kind might better be permitted to be up. I would like to ask Dr. Arthur what his methods are concerning those turbulent and restless cases which will not remain in bed without some extra measures.

Dr. Dewing: I can say that I agree with practically all that Dr. Arthur says in his paper. I have been accustomed to treat about the same percentage of cases that he speaks of in bed, that is, about 15 per cent., and I found the same class of cases that he speaks of to be benefited by that form of treatment, and aside from the benefit to the patients, a point that is worthy of speaking of, which has been referred to by others here, is the ease of caring for many of the old, feeble, infirm, and filthy cases in bed. The doctor speaks of the fact that in many instances filthy cases would after a little time cease being filthy or measurably so. I did not see that often in the chronic demented class, but I did find that it was easier to keep them clean by less attention than formerly, and I agree with him that the old so-called filthy ward does not need to exist any longer with the facilities of bed treatment that are open to us. With regard to Dr. Elliott's point, to the effect that the protection sheet is a severe measure, I would say that I have never found such to be the case; rather the contrary. I have frequently found the application of the wet pack to be not only a very good therapeutic measure in relieving a tendency to disturbance

relieving wakefulness, etc., but that also it at the same time was sufficient to restrain the undue activities of the patient that it might perhaps be considered a mild measure of restraint, although not applied primarily for that reason. Conference of
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Dr. Rowe: Dr. Arthur's paper covers almost the entire field. He mentioned one or two cases which had been in bed for three or four months. It is a question whether it has not been carried too far, and whether in some cases the patient should not be taken out of bed and be given exercise, even if it is only for an hour or two every one or two days and put back again. We have about 200 bed cases at our hospital.

All the acute cases which are inclined to be destructive and violent are put in bed. Many of the cases of melancholia, markedly depressed, refusing food, taking no interest in anything, are put in bed.

Some of these cases require a protection sheet, that is the sheet which Dr. Elliott has been pleased to say he thinks harsh. I think the protection sheet is one of the best things that we have. It gives the patient perfect liberty of the muscles of the neck and throat, arms and legs, and prevents his throwing himself about in the bed.

It is no longer a restraint sheet. The protection sheet and the restraint sheet are two different kinds of restraint.

This is all I have to say.

Dr. Howard: Might I ask, Mr. President, if the superintendents who have followed the use of bed treatment for the insane to a very considerable degree have found that it was used as a disciplinary measure? A patient once confided to me that her heated denial of aural hallucinations to the physician was necessary, because if she did not deny them she would never get out of that bed. It has occurred to me that possibly this kindly scheme that mothers find so useful in getting a child to behave properly, might be made use of in hospitals for the insane; namely, to allow patients to be sent to bed for many general reasons.

Dr. Russell: It seems to me that where there is such a very great difference in this method of treatment as exists in a few of the hospitals, there must be a decided difference in the views as to what are the indications that should lead to a patient being kept in bed. Fifteen per cent would mean 300 patients in a hospital of 2,000, and while I can not recall the numbers exactly, I do not think at Willard as a rule there are 100 patients in bed in a hospital of over 2,200 patients. With a population of 1,500 15 per cent would be 225, which is many more than are usually found in bed in a hospital of that size. Acute cases, excited cases, are always kept in bed, though perhaps not for the length of time mentioned by Dr. Arthur; also general paretics in the third stage, and some cases of senile dementia, so that we can exclude those cases which leaves, as I remember Dr. Arthur's statement regarding the classes of non-recoverable cases he keeps in bed, the filthy cases, homicidal and suicidal cases. Now it seems to me that we should require a little

of more definite indication for putting a patient in bed. In some cases occupation might be better.

There is one advantage it seems to me in putting patients to bed who present some unusual symptoms. If a patient becomes very restless or disturbed who has not been so, or is homicidal or suicidal, a great advantage is that if put to bed he can be thoroughly examined, and such patients are so examined very frequently. This is likely to lead to the discovery of definite indications for treatment that would otherwise be overlooked. So it is possible that we can all modify our views on the subject; perhaps those who keep so many in bed go a little too far, perhaps there are other things which might be done, and perhaps some of those who have not used the method so freely should keep more in bed. I would be glad if Dr. Arthur would define just a little more clearly what he considers in the non-recoverable class especially sufficient grounds for putting them in bed.

Mr. Chairman: It seems to me that there is one reason for putting patients to bed which has not been stated, that is if many of the acute cases when they come to the hospital are assigned to general wards and kept up they soon get an idea that they are put there for some ulterior purpose, whereas if they are put to bed it helps to make them realize that they are sick and that there is something being done for them, and I think that is an important view to take in some cases.

Dr. Pilgrim: There is no question about putting new patients in bed; it is practically the universal practice to do so for from three to five days. It is simply a question as to non-recoverable cases.

Mr. Chairman: It is for the effect upon the patients' minds. It makes them think that they are there for some definite purpose and for the purpose of being treated.

Dr. Russell: In regard to two or three points that Dr. Arthur mentioned as the result of bed treatment, namely, the absence of accidents and the small amount of anemia and tuberculosis, I may add that in examining the statistics of the different hospitals it is noticeable that the recovery rate at the Middletown State Hospital is quite large. We may be inclined to look a little askance on recovery statistics, as they are made from different standards, and because the personal equation enters into them so largely, but there is one thing that we can not get around very well and that is the death rate; the personal equation does not come in there and it is a fact the death rate at the Middletown State Hospital has been exceedingly small.

Dr. Arthur: I think the general health and the general treatment in a hospital is indicated by the death rate, and our death rate this year is especially low, five per cent on the average daily population. We also had a high recovery rate. In regard to restraint we use very few restraint sheets. We do, however, use in place of it, especially in cases of general paresis, who are very restless and liable to get out of bed and fall, the body band. This is made

light canvas and goes around the chest, and laces up in the back, under the shoulders and down as far as the waist, with strings that tie either to the side or to the back of the bed. This simply indicates to the patient that he can not get out. We seldom use a restraint sheet or have occasion to use it, but there are conditions when nothing else will do unless you resort to hypnotics. We often find in cases of general paresis and other disturbed patients that to have a nurse sit beside them and hold them for a while is sufficient, though if this does not have its effect, in the majority of cases, a light body band will. Beyond this, the only recourse is a restraint or protection sheet. I do not think we have used the restraint sheet a half-dozen times the last year at the Gowanda Hospital.

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In regard to homicidal cases, our experience is that by placing them in bed, we are better able to study the homicidal nature of the patient and the cause of the condition, also the nurse takes more interest in the patient. She has them under constant surveillance all the time and is thus the better able to study minutely the symptoms and give more intelligent reports and attention to the patient. Homicidal patients after they become quieter, we place on small wards on trial as we do other disturbed patients. Sometimes it is necessary to return them to bed, but in many cases the trial proves a benefit and they continue on the ward. Sometimes it is necessary to keep them in bed continuously. A helpless bed-ridden dement in the terminal stage we keep in bed all of the time as a safeguard to the patient. We have never had a severe accident except in the case of an old woman who slipped on the floor and broke her thigh bone. We treat in the same way suicidal patients or any patient that we suspect may be suicidal, we either place them in bed or allow them to remain dressed in the hospital ward, and for the same reason, that we think that they can be watched more closely and cared for better. As the suicidal inclination leaves them we give them more privileges, more latitude, but we take no risk with a suicidal patient until we are very positive of them.

In regard to ventilation, I would say that there are very few of the old hospitals where you could set aside a room for exclusive hospital purposes. The Gowanda Hospital is built with reference to the hospital department on certain wards, and they are built so they can be quickly and vigorously ventilated. In that way when any odor prevails in the hospital, we cover the patients up carefully, attendants watching them, and then the windows are thrown open, a good circulation of air passes through, the rooms are well ventilated in a few minutes simply because they are arranged for that purpose, and as all hospitals pursue the bed treatment more or less it seems to me that they should be built with reference to a hospital department in certain wards for that reason. In regard to Dr. Ashley's statement regarding bovine, Mellen's food, etc., of course we use those things right along, but I neglected to mention them. In regard to Dr. Elliott's statement, I would say that there are

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undoubtedly cases that fatten up quickly but do not get well, do not improve mentally, and those cases we think had better up and around for most of the time. These cases that fatten out corresponding mental improvement should be forced to work. Exercise and work is primarily for the improvement of their condition, secondly is a benefit to the hospital. Considerably over per cent of our patients do something, and we have now a many men on the farm that work daily with a benefit to themselves that do work equal to that of an employee. By this means benefit your hospital, its farm, its industries, and benefit the State. There are many patients that become filthy, when we put them in bed for a while and train them at regular times to go to the toilet and it is a noticeable fact that they soon commence to attend to the functions of nature naturally. Allow them up and they may fall again into bad habits, but the same treatment generally gives good results unless they are very old and demented and such patients are better off in bed, not only in the interest of the ward but of the patient himself.

Mr. Chairman: The next matter on the program is the presentation and the discussion of cases.

Dr. Hutchings: This method of presenting cases being somewhat of an innovation, I was in some doubt how best to present this to make it interesting and avoid the tedious detail that would slow the reading of a complete record. I have, therefore, prepared an abstract at sufficient length to present it fairly, and yet I had of necessity to omit a great deal, and I hope to learn by your opinions that are expressed here how to present another case another time more acceptably.

The case which I am about to read is one which developed rapidly a few weeks after childbirth, and was of exceptional interest to the physician who had the patient in charge, as for several months the diagnosis was not clear and the patient presented an array of symptoms which were in many respects difficult to diagnose.

Case of M. E.—Married woman, 25 years of age, two children, the youngest 10 weeks of age. Has been married five years; was brought from the Women's and Children's Hospital, Syracuse, where she had been for one week. The medical certificate stating the petition, "She has developed puerperal insanity about six weeks after confinement. This is manifested by undue excitement, irrational conversation and violent acts towards her attendants. Refuses food and medicines; inability to sleep, has threatened to commit suicide." The physician's statement, "Patient said and did things at random, wandering from one line of thought to another. Believes that her son has been poisoned by carbolic acid; insists that her baby is dead. Refuses to take food or medicine believing that she will be poisoned. She imagines that she sees declarations upon the windows; strange men around when no strangers are present. She believes that she is persecuted and misused whenever kindness is shown her. She at times vociferates loudly, tears her clothes, hurls things at her attendants without clear motive."

There is said to be no insanity in the patient's family and her health up to the present time has been considered good. About one month after her confinement she began to act strangely, being slightly restless; was troubled with insomnia; cried a great deal and expressed the fear that her child was dead when it was sleeping. She also seemed estranged from her husband and friends, saying they were not good to her; refuses to eat; when questioned expressed the delusion that the food contained poison. Her general emotional attitude had been one of depression, though at times she has shown agitation. On one such occasion attempted to injure herself with a hat pin. It became necessary to fasten her in bed. On the train she was restless and when restrained, struggled.

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On reaching the hospital, August 15, 1903, she seemed fatigued and bewildered; made but little response to questions that were put to her, but expressed the delusion that her children were dead and that her food had been poisoned.

She was placed in bed and remained quiet, but slept but little. She took food when offered, but her appetite was poor. The first night she slept two hours; second night one hour; the third night slept none; fourth night none. During this time she took a fair quantity of milk and light food. Her temperature was not elevated except on the night of admission when it was 100; after that it remained below 98.6; pulse ranged from 86 to 104. She was quite restless, tossing about in bed and made but few responses to questions.

On the fourth day after admission she seemed more communicative, but was still depressed with a somewhat delirious tinge to her speech. When asked why she did not sleep she said that she was frightened; that the walls moved backward and forth; that people are coming in and out; that there is a cross in the corner. She sees dogs in the room; she heard her mother shriek and tried to find her but could not. She said she saw a dog attack her little boy and her husband, could hear the blood drip but could not reach them. Described the color of the dog. When she observed the doctor taking notes she smiled and said: "I guess I will never get out of here if you write down all I say." After this she began to sleep better and her strength improved; her delusions were not referred to except on one occasion when she said her people were buried to-day.

Two weeks after her admission she wrote to her husband as follows:

OGDENSBURG, N. Y., August 28, 1903

Dear Harlow: I received a letter from Mama and Aunt Grace besides yours and they all helped dispel my illusions about things. Dear, I want to see Paul so bad I can hardly stand it. I was very sick at first but am improving all the time.

It is a great deal colder here than in Syracuse, but I am getting used to it. When anyone first comes they are furnished with a suit. I was furnished with an undershirt, gauze drawers and black petticoat and black wrapper, the petticoat and wrapper just cheap.

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Twice a day the ladies are taken out on the lawn, there are patients here, men and women.

I can't help wondering how Marjorie looks and what Paul is doing and hope and trust everything will be all right with them when I am away. I will have to have you send me a pair of stockings, a pair of drawers and a nightdress, speak to Mama about it and she will see about it. Baths are given every week on Friday to all patients. Paul's birthday is Sunday, dear little chap. Do you remember the party I had planned for him? Your mother is very good to do so much for you, and I hope I will get well enough soon to come home. It is so lonesome, I want to see you all so badly. Would you mind sending me a Syracuse paper once in a while, and a cake of soap. One of the patients has cancerous growth on her face and as we all have to wash in the public bathroom, and I am breaking all out I would rather have a cake of my own. The nurses and Drs. are to be liked after you get accustomed to them. Give Paul a good hug for me and write as soon as you can.

Your loving wife,

MARTHA

Be sure and tell Mama and Aunt Grace all the news my letter contains, and a few stamps would be acceptable. Box of papers and envelopes and my handkerchiefs are either in the commode drawer or the top chiffonier drawer.

P. S. I wrote to Aunt Grace the first time as I thought you were dead. Mama and Paul were all dead.

At the time this letter was written she was much more cheerful than she had ceased altogether to express delusions or hallucinations, when questioned about them said they were all imaginary. She did not talk as much as would have been natural; she had an air of reserve and would usually sit somewhat apart from others, and was occasionally depressed for a short time. On one occasion she looked out of the window and said it seemed as though the world was coming to an end. With the exception of this incident she expressed nothing morbid for several weeks. When questioned in regard to her reserve and wish to be alone, she said it was because she was homesick.

On the 18th of October she did not come to down breakfast. When asked how she felt said that her throat was filled up, and she felt very homesick. She was emotional all day, crying frequently. Following this her mood varied from day to day. Sometimes she would be quite cheerful, taking part in games, playing and singing, and again would be deeply depressed, when she would not get out of bed mornings nor go to the dining-room to her meals. On one occasion she said she was not going to eat any more; she was tired of living and had made everybody a great deal of trouble. No other delusions than these were expressed and there was no evidence of hallucinations.

In December the following notes were made: Frequently depressed; remains in bed mornings and refuses breakfast. W

offered medicine said, "I shall not be made a fool of any longer." When addressed answered reluctantly, often merely nodding her head slightly. At other times does not answer questions at all. Conference of
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January 7th it was noted that she seemed more cheerful and talked. Said to-night "I am determined to throw off this feeling of depression." She talked of home and her family. Visited with those about her and seemed more interested in her surroundings.

February 2d. Menstruated for the first time; condition was changeable; at times she talked cheerfully, at other times depressed and responded but little, if at all; stared at the questioner indifferently. Showed some resistance to passive movements. During the night she suddenly jumped out of bed and ran across the ward screaming loudly; she seemed frightened and said she felt as if she were dying. The next day she appeared more talkative. She said: "This is a put up job, making me remain in bed." She wanted to know if her mother was here yet; she said she had seen her on the ward a couple of days ago, and that she was not permitted to see her after she had come so far. Demanded with some indignation that her mother be allowed to see her immediately.

February 14th. Sat about the ward idly, occasionally pushing a chair backward and forward making a rasping noise; goes to the door and tries to open it. Attempts to engage her attention in employment or amusements are futile. When asked to go down stairs and listen to the music she replied that she did not want to go down there and sit like statuary. When asked by another patient to let her chair be dusted she refused to move for a time, but finally sprang up quickly and said, "What queer ideas some people have." After the chair was dusted she went to sit down in it again and struck the patient. She received a valentine in a box to-day but did not open it. While out walking the following day she attempted to run away from the party, and after reaching the ward refused to take her wraps off. Finally she threw herself upon the floor and remained there for some time.

Without unduly prolonging the notes in this case I might summarize it by saying that from this time on the case showed more and more the characteristics of dementia præcox. Her hallucinations of hearing became active, and she gave expression to many changeable and senseless delusions. At the present time she remains in the hospital and has become untidy in her appearance; shows negativism and mannerisms.

The interesting points in this case were the mode of onset, which was rapid, the condition of exhaustion at the time of admission, which continued until sleep was re-established, and the appearance of delirium, which for several weeks led us to place this case in the class of exhaustion psychoses.

It has been heretofore the accepted opinion that the prognosis of insanity occurring in the puerperium was quite favorable for recovery, but in looking over the cases that have been admitted at Ogdensburg, I find that dementia præcox occurring at this time is quite common, and I have no doubt the same observation has been

had elsewhere. Manic depressive insanity occurs quite frequently at this period, as might be expected. I have in mind three patients who have had an attack of manic depressive insanity with every child, but if one considers the patients and not the cases, I think it will be found that dementia præcox occurs more frequently following childbirth than manic depressive insanity.

Dr. Pilgrim: It seems to me that the lack of recovery in this case is easily explained from the fact that it was a case of dementia præcox where the acute disturbance was caused by the disturbance of pregnancy. I do not think that any one would have considered this a hopeful case, or a case which in our early days we would have looked upon, or in the present time either, as a pure case of puerperal insanity. I think the case was one of dementia præcox instead of puerperal insanity and that the insanity was coincident with the dementia præcox, and that pregnancy was the exciting cause of the disturbance.

Dr. Dewing: I think the difference of opinion in regard to the recoverability of puerperal cases is due to the fact that they are classed together under the term puerperal insanity, cases of dementia præcox, such as the doctor has described, and manic depressive psychoses due to infection and exhaustion. Of course the dementia præcox cases are unfavorable, but I think the other cases are favorable and most of them recover, but they all are referred to as puerperal insanity.

Mr. Chairman: I think, Dr. Hutchings, that if you will go over the records of the number of cases of puerperal insanity you will still find the percentage of recovery very high.

Dr. Hutchings: I do not find it so. The recovery rate was in the neighborhood of 60 per cent.

Dr. Dewing read an abstract of the case of a patient who was charged by a judge upon a writ of habeas corpus:

Patient was born in Brooklyn; is 48 years of age. His father died at 72 years. Was childish for some time before his death. Patient was admitted to the bar when 21 years of age. He practiced law about 12 years, but on account of his negligent and careless manner he did not meet with a great degree of success. After giving up the practice of law he took a position in a publishing house where he remained for several years, and left because he was dissatisfied. After severing his connection with the publishing house he did some business on his own account but was idle the greater part of the time. He has been intemperate for the past 25 years with the exception of a few months prior to his admission to the hospital. For the last 10 years he was more intemperate than formerly and was frequently intoxicated.

His friends first noticed a change in his condition in December, 1904. When at home he was much quieter than formerly; would sit for hours as though in deep thought and without speaking. Frequently upon his return home he would sit down with his overcoat hat on and remain in that condition for an hour or two without saying anything or giving any reason why he did so. He soon began to express delusions and showed evidence of hallucinations of hearing, which continued and increased up to the time of his admission to the hospital.

On admission to the hospital, physical examination showed a large, well developed, well nourished man, stout build, weighing 200 pounds. His muscles were somewhat flabby, but no abnormalities nor diseased conditions of note were revealed. He was orderly, tractable, somewhat elated, and did not appreciate the gravity of the situation; thought that his coming here might be due to a practical joke of some of his friends. He was perfectly clear as to time and place, and gave a clear, connected account of his past life and occurrences immediately preceding his admission to the hospital.

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He stated that his annoyance began about six months ago, immediately after the marriage of the daughter of a Jewish family who lived in the flat beneath his. Soon after this he began to be annoyed in other ways, and some of these annoyances he attributed to what he calls the "Black hand gang." He also noticed that he could hear people who lived in the flat below his repeating statements which he had made some time before. This he could not understand at first but finally came to the conclusion that they must have wired the floor and by means of these wires the sounds were conveyed from the apartments beneath to his apartments. He was confirmed in this belief by hearing them on different occasions remove the wires. When he walked across the floor he felt tingling sensations in his feet, which he thought was due to medicine injected into them by hypodermic needles passed through the floor.

Recently he has come to the conclusion that without the use of wires or any apparatus whatever he could convey messages to all parts of the world. For instance, that he could communicate with King Edward the 7th, by first calling to mind the appearance of the English coast, then of the railway journey to Windsor, then the exterior of Windsor castle, and finally the personal appearance of King Edward. Had also tried to communicate with President Roosevelt, but as he had had no response was not sure whether the message reached him. At night after retiring he could hear a clicking noise which he attributed to a gang of counterfeiters who were secreted in the basement and who began to work as soon as they found that he was in bed. On several occasions when a milk wagon stopped to deliver milk he saw packages delivered from the wagon which he took to be articles for the use of the counterfeiters.

As a sample of his conversation the following is given from stenographic notes taken at the time of his admission to the hospital:

"There have been some funny things going on and I am going to investigate. For instance, there has been such a thing as taking needles and pushing them through the floor—hypodermic needles. I am very much afraid they will do some harm yet. Now this may seem like an Arabian Nights story to you, but just the same there is something wrong. Dr. R. came and I told him about it. You know I can go out in the street and walk along and tell what is said. (Examiner called to the telephone and upon his return patient continued.) For instance, I can tell what is said to you over the 'phone. Dr. R. just told you over the 'phone that it was a mistake, and so did Dr. B. This is the result of a little discovery of mine. You see I could hear what they said without going to

of the 'phone. I send messages every day. I sent one the other to Roosevelt. The only point about this is whether I can without wires or not. If I am right and can do it without we would be very foolish to sit and talk in front of a mouthpiece.

During his stay at the hospital his hallucinations of hearing continued, and frequently when reading a paper he would be made to stop, look at the floor intently for several minutes at a time, and occasionally smile. He stated that he could hear voices appear to come from underneath the floor and that they told him many things about his affairs at home, for instance that his wife had been put out of the house, that she was killed when she went on the street, etc. He was always in a pleasant frame of mind and showed an apathy and indifference not in harmony with his situation. His weakness of judgment was also manifested in the absurdity of some of his delusions.

He remained in the hospital until May 3d, when habeas corpus proceedings were instituted and he was discharged by order of the court.

In this case we have a psychosis of the paranoid type, coming on in a man 48 years of age, of good family history, and of average intellect and education, after a number of years of indulgence in alcoholic liquors. The diagnosis would appear to be between the paranoid form of dementia præcox coming on late in life, and a paranoid form of insanity produced by the excessive use of alcohol. The absence of any of the characteristic symptoms of dementia præcox, such as negativism, mannerism, stigmata, typism or automatic obedience, etc., would seem to indicate that it was a psychosis due to alcohol.

Dr. Dewing: I would say further that I testified to the delusions and hallucinations, in fact with regard to all the facts in the case in court, and the attorney for the patient made the plea that the patient was not insane in spite of this testimony, and the patient got up and delivered a speech in which he referred to some of these delusions and made it perfectly clear that he had false beliefs. I then made the suggestion to the judge that Dr. Tracey, my first assistant, be called upon to testify in regard to some other matters that had not come to my personal attention, but the judge made the statement that he did not care to hear any further medical testimony, and that he "knew more about insanity than 20 doctors," and he was going to discharge the patient anyway. That was Judge Marean.

Dr. Rowe read an abstract of a case:

ABSTRACT OF HISTORY IN THE CASE OF HENRY HERTZ

Psychoses in a man 62 years of age; married; occupation, butcher. Family history: Mother and sister insane. Personal history: Psychoses developed naturally as a child; attended common school for a period of 10 years. He afterwards learned the occupation of butcher, and not suffering from attacks of insanity has been very efficient at the work. He was admitted to Manhattan State Hospital, East, on January 1, 1905, suffering from the twelfth attack of which we have known

The first and second attacks, of which we have no history, were prior to 1874, when he was treated at Flatbush and Blackwell's Island. Conference of
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His third attack commenced on April 3, 1874, and he was admitted to the hospital eight days later, and discharged July 17, 1874, with a diagnosis of acute mania; condition, recovered. This attack was sudden in onset and characterized from the first with great excitability and aversion to family and relatives. His talk was incoherent.

He was admitted for the second time, his fourth attack, June 29, 1877, and discharged October 29, 1877, as recovered. This attack was characterized by incoherent talk on various subjects, with tendency to jump from one subject to another very rapidly. Hallucinations were not observed.

He was admitted for the third time, his fifth attack, on February 25, 1880, and discharged on April 29, 1880, as improved; diagnosis not given. The medical certificate at the time of this admission states that he is excitable and talks to himself, imagines that some societies are persecuting and intend to injure him. He sings and talks to himself and is very restless. During his residence in the hospital he was troublesome and fault-finding and got into many disputes with the other patients, but he again improved and was discharged on April 29, 1880, to go to his home.

Fourth admission, sixth attack, May 11, 1880; discharged, condition not stated, September 27, 1880. The medical certificate states as follows: He strips off all his clothes and exposes his person. Talks much, but very incoherently. He thinks he is poisoned; says his heart is poisoned and that he has been bitten by some animal and the poison is in his system yet. While the history is very meagre, there seems to have been a gradual improvement until the time of his discharge, his condition at that time probably a recovery.

Admitted for the fifth time, ninth attack, August 19, 1890, with a history of having had two attacks since his last discharge, but he remained at home. No history was obtained of his condition during those periods. On admission he talked continually in a rambling manner, drifting from one subject to another without connection between them. He whistled and sang, and then he became much excited and violent, attempting to bite those holding him. During his short residence here, he evidently exhibited distractibility with flight of ideas. His diagnosis was recurrent mania; condition unimproved, the cause of his discharge being defective commitment papers.

Readmitted on January 6, 1896, sixth admission, tenth attack; discharged August 28, 1896. This attack was again characterized by marked psychomotor activity, incoherent talk and querulousness, getting into childish altercations with the other patients. He gradually became quiet and was discharged as improved to the care of his wife.

Readmitted on March 28, 1899, seventh admission, eleventh attack. Onset was rather gradual in development with delusions

ence of
hospital
attendants

of persecution directed mainly against his immediate family secret societies. At last he became excited like a drunken and was arrested. During this attack he showed marked incoherence and irritability, then a gradual improvement when he was charged to the care of his wife as improved; diagnosis, recurrent mania.

Readmitted on January 7, 1905, eighth admission, twelfth attack. Discharged as recovered on April 1, 1905. Duration previous admission, two weeks. At Bellevue Hospital he said: "To-day is to-day. Tuesday is to-day. I celebrate my mother's death to-day. My son is Joseph; there was a Joseph in the five books of Moses. Conversation is conversing and talk is talk. A man came from California whose name was Blume; blume means flower. My father was a member; if my father was a member, I was a member. Congregation is synagogue, and in the synagogue, etc." The patient was restless, talkative and troublesome, moved about continually muttering to himself and making numerous gestures and grimaces. He was flighty and distractible, wandering from subject to another rapidly and abruptly. Emotional tone was one of mild elation and exhilaration; expressed numerous delusions which were ill defined and changeable in character.

On admission January 7, 1905. Attitude and manner: He walked about the ward interfering with the other patients. He was very loquacious, but tractable. On entering the examination room he smiled and seemed elated and at once commenced to give a spontaneous account of his past life in which he showed distractibility, flight of ideas and exhilarated mood which, however, was variable with pronounced motor activity. In his mental trends he showed unsystematized delusions. His orientation was clear, but insight and judgment were lacking. During the interview he gave expression to flight of ideas as follows: Kunstein, now stein is a stone, and kuns is a master meaning a master. Greenbaum, b is a tree, and green is green. Do you see anything green? (pointing to his eyes).

The case seemed to come very clearly in the manic class of the manic-depressed form of insanity, basing the conclusion on the following symptoms-complex: Marked distractibility, flight of ideas, variable, but as a rule, exhilarated mood, clear orientation, tendency to recurrent attacks, with pronounced hyperkinesis, absence of hallucinations, only now and then displaying delusive ideas with no evidence of a deterioration process.

SUMMARY OF ADMISSIONS OF HENRY HERTZEL

Admitted January 7, 1905, suffering from his twelfth attack of psychosis. The first and second were prior to 1874, at Flat Rock and Blackwell's Island.

First admission, third attack, April 3, 1874. Discharged July 1874. Acute mania. Recovered.

Second admission, fourth attack, June 29, 1877. Discharged October 29, 1877. Recurrent mania. Recovered.

Third admission, fifth attack, February 25, 1880. Discharged April 29, 1880. Recurrent mania. Improved. Conference of
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Fourth admission, sixth attack, May 11, 1880. Discharged September 27, 1880. Recurrent mania. Improved.

Fifth admission, ninth attack, August 19, 1890. Discharged September 12, 1890. Unimproved.

Sixth admission, tenth attack, January 6, 1896. Discharged August 28, 1896. Recurrent mania. Improved.

Admitted March 28, 1899, seventh admission, eleventh attack. Discharged June 26, 1899. Recurrent mania. Improved.

Admitted January 7, 1905, eighth admission, twelfth attack. Discharged April 1, 1905. Acute melancholia. Recovered.

Dr. Hurd: It occurs to me that he has credited the man with more attacks than he is entitled to, because he may be sometimes discharged improved, and then come back and be given the credit of another attack; he may be discharged improved from the eleventh attack, and when readmitted it may be put down as a twelfth attack.

The Chairman read a communication from the Civil Service Commission regarding action taken in the matter of internes. (See appendix 2).

Mr. Chairman: It seems to me that it opens the way now for a better class of men to enter the service and that every endeavor should be made by the superintendents to carefully examine and select the type of men who will make eventually first assistant physicians and superintendents.

In response to a request of the chairman to make a report as to his visit to an institution in Mexico, Dr. Dent stated that he preferred to do so at another time.

Dr. Hurd: The committee on topics would suggest as a program for the next meeting:

1. New Methods of Treatment of the Insane, by Dr. Hutchings. Discussion to be opened by Dr. Pilgrim.

2. Hydrotherapy in the Treatment of the Insane, by Dr. Dent. Discussion to be opened by Dr. Palmer.

3. European Hospitals, by Dr. Wagner.

4. Suggestions for Improvement of the Service.

For the second meeting thereafter:

1. Treatment of the Chronic Disturbed Insane, by Dr. Ashley. Discussion by Dr. Macy.

2. The application of the Cottage System in New Hospitals for the Insane, by Dr. G. A. Smith. Discussion by Dr. Elliott.

3. Suggestions for the Improvement of the Service.

The committee would also say that they would be much pleased to have the practice continued of having the different members propose subjects on which they would like discussion or on which they would like to write.

On motion it was decided to hold the conference hereafter at 3 p. m.

On motion adjourned.

CARROLL F. SMITH

Secretary of the Conference

APPENDIX 1

STATE OF NEW YORK—MANHATTAN STATE HOSPITAL

CENTRAL ISLIP, LONG ISLAND, May 8, 1915

*To the Conference:*ice of
spital
students

Your committee appointed at the last conference to report some distinctive mark in the uniform of graduate nurses, and suggest a suitable livery for coachmen, reports as follows:

That the present uniform for both male and female attendants with the present insignia of rank of supervisor and charge attendants be retained, as any changes in the matter of cloth, cut or color would mean an expense to those already having uniforms, and as any great addition to the female nurses' uniforms would mean extra laundry; that graduates should have some distinctive mark to distinguish them from the non-graduates; and suggests for female graduate nurses a red cross on a white background (as per sample placed on the left sleeve between elbow and shoulder, also a white mandy cap; for males, a red felt cross on a green background (per sample) placed on the left sleeve between elbow and shoulder. This in no wise would change the present regulation uniform of attendants in the matter of caps for the female nurses. These insignia are made by Henry B. Allen, 734 Broadway, New York, and can be purchased at 40 cents per pair.

As to coachmen's livery, I present a sample of one which is the style used by the coachman at Central Islip. This was made by Browning, King & Company, of New York, of the best quality whipcord. The cost made from numbered samples is as follows:

2925, 3768, 3769 and 5131,

S. B. sack as figure 186.....	\$
Trousers as figure 186.....	
Vest as figure 186.....	

Full suit	\$
-----------------	----

Overcoats made from the following samples, lined with cassimere, 2980, 9796 and 9797 cost:

Groom's box overcoat, as figure 187.....	\$
Groom's hats, same as sample.....	

All garments are cut to measure; fit and entire satisfaction guaranteed.

Respectfully submitted,

G. A. SMITH

Comm

Dimension of insignia: Red cross bars, $1\frac{1}{2}$ inches; width of cross $\frac{3}{4}$ inch; square back ground, $2\frac{1}{4}$ inches square.

APPENDIX 2

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STATE CIVIL SERVICE COMMISSION

April 10, 1905

WILLIAM MABON, M. D., *President State Commission in Lunacy,*
Albany, N. Y.:

Dear sir—I have to advise you that at a meeting of the State Civil Service Commission held on the 7th instant, communication from Superintendents Wagner, Hurd and Pilgrim, and Dr. Russell, relative to a change in the classification of the position of medical interne, was considered. On motion the following resolution was adopted:

Resolved, That subject to the approval of the governor, the classification of positions in the non-competitive class in the State hospitals be amended by including therein the words "medical interne," for the reason that it is deemed impracticable to longer include said position in the competitive class, provided, however, that this change in classification shall take effect from and after the date upon which the eligible list for the position of medical interne, now in course of preparation, is exhausted.

Very respectfully yours,

JOHN C. BIRDSEYE

Secretary

Minutes of conference of State Hospital Superintendents with the State Commission in Lunacy, held at the office of the Commission, Albany, September 12, 1905, at 10 a. m.

Present—Dr. William Mabon, president State Commission in Lunacy.

Utica State Hospital, H. L. Palmer, M. D., medical superintendent.

Willard State Hospital, R. M. Elliott, M. D., medical superintendent.

Hudson River State Hospital, Chas. W. Pilgrim, M. D., medical superintendent.

Middletown State Homeopathic Hospital, M. G. Ashley, M. D., medical superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., medical superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., medical superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., medical superintendent.

Rochester State Hospital, E. H. Howard, M. D., medical superintendent.

Gowanda State Homeopathic Hospital, Daniel H. Arthur, M. D., medical superintendent.

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Long Island State Hospital, O. M. Dewing, M. D., medical superintendent.

Kings Park State Hospital, W. A. Macy, M. D., medical superintendent.

Manhattan State Hospital, E. C. Dent, M. D., medical superintendent.

Central Islip State Hospital, G. A. Smith, M. D., medical superintendent.

Dr. Adolf Meyer, director Pathological Institute.

Managers A. S. Stothoff, Willard; George M. Hine, Hudson River; John Rooney, Kings Park.

Mr. Chairman: Before we proceed to the regular order of business I wish to speak of a matter which has been in my mind for some time, and that is the relations between the institutions and the public. It appears to me that a great deal can be done to foster a feeling of confidence in institutions if a closer relationship existed with the practicing physicians in the hospital districts. At one time shortly before I left the St. Lawrence State Hospital I had in mind the establishment of an out-patient department at the institution where physicians could send poor patients for advice and for necessary treatment. I believe now that each institution should set aside one day in the week for that purpose, and send notice to the physicians in the hospital district that they would be very glad to have incipient and borderland cases of insanity brought to them for advice. In that way you would get patients who needed treatment into the institution sooner, and create a better feeling on the part of the community, with consequent better results in treatment. I simply mention this because in the course of a short time a circular letter may be issued on the subject.

Before proceeding with the program I would like to ask Dr. Meyer to speak on the pathological work of the institutions.

Dr. Meyer: Mr. President and gentlemen—You remember that in the circular of June 14th I said that at the present occasion we might take up the problem of building up the relations between the Pathological Institute in the two further directions from what had not been thoroughly covered heretofore, namely, that of initiating stated meetings between the staffs of the various institutions, and that of providing for more systematized work in the laboratories, both for the study of the post-mortem material and also for the clinical laboratory work. I suppose that with regard to the first matter, that of meetings of the staffs, it would be possible to get at a decision rather rapidly. The matter has been tried to some extent, and the proposition which is before you in that circular letter has been talked over with a good many among you, and has met with, I think, uniform approval. The idea is that, to facilitate the relations, we should divide the State institutions into two groups, an up-state and a down-state group, and to hold in each of these groups about three meetings a year. At these meetings there will be an opportunity for the staff of that hospital to demonstrate the ways in which they manage their medical work; no doubt a very

good first topic of the program. Then you would have a discussion of a definite topic, especially of such a topic as is outlined in the plan of collaboration. Then especially interesting cases that are present at the institution would be presented, also specially important results of autopsy work that occurred during the year, and papers from the participants of the various staffs, papers that would be voluntary. That I think would make an excellent program for a one-day's meeting; and while the majority of the participants might return the same evening perhaps, the one or the other might stay over and take an opportunity to see special arrangements such as exist no doubt at every hospital that would be of great value to any other hospital, and to make a tour of inspection in both the medical and the administrative directions. The plans for the program should be worked up between the institute and the hospital staffs, and should be communicated at least two weeks, or, if possible, a little earlier to the participating State hospitals, and for that reason it would be desirable that any papers to be read should be announced either to the superintendent of the hospital at which the meeting is to take place or to the institute.

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The second point is that of a more systematized organization of the laboratory work. As I expressed in the circular letter of June 14th, I have a full realization that the conditions vary quite a good deal in various institutions, and that it would be impossible, or that it would be undesirable, to make hard and fast lines with regard to a proposition of that sort. This is, however, plain, and has been mentioned in quite a number of hospitals that in that direction more organization is desirable, and the institute feels that there is an opportunity to give those men who might be assigned to the duty of directorship of autopsy work and the clinical laboratory such help as they might feel inclined to ask for from the institute. The matter of autopsies has had a little setback during the last year, I think, in a number of places, and I believe that it is to quite an extent, because the work in that direction has heretofore not been fostered quite as much as it might have been, owing to the fact that we have paid a great deal of attention to the clinical side. I think that there still exists an idea that autopsies are performed merely to verify the diagnosis or to establish the cause of death, whereas I believe it ought to be our duty to consider the autopsy a chance for establishing further facts about a case, facts which perhaps we were unable to get at during life. We then sum up our case after the autopsy is done, because, with the many autopsies that I have made I think that I have not seen a case yet where I found simply that which I expected, or found merely a solution of questions that had arisen before; but it almost invariably happens that we come across things which one had not thought of, and to me this is one of the principal sources of training which one derives from autopsy work. The autopsy work confronts one with things which are outside the rut, and for that reason I believe there is not a solitary case that dies in any hospital that is not worth the attention of an autopsy, because every case will open our eyes in some direction where we formerly

of thought there was not anything to be had. Now as long as t
 ill feeling exists, that some cases are not worth being submitted t
 mts post-mortem examination, I think, there is evidently a cause
 this, and it seems to me that the work is considered too great
 is not sufficiently systematized; therefore a question of that
 can arise. It ought not to arise, and I think it would not if ev
 man understood officially that no case should be neglected in wh
 permission for autopsy can possibly be obtained, either before de
 or after death. In quite a number of hospitals there has been v
 active work in that direction. There are quite a few assistants
 present who have had quite a good deal of experience. It is natu
 that these men will require less help from us than some other r
 who may be selected by you to take charge of that work; and ow
 to these inequalities among the men I thought it best to ask
 to express your opinion as to the whole proposition, and to dec
 whether you would consider it well to leave the formulation of a
 plan that might be adopted to the requirements of each hosp
 to the individual arrangement between each hospital and the instit
 I think it well to have the expression of your opinions and the c
 census on the general proposition as to whether you feel in harme
 with the arrangement, which I think Dr. Mabon has consented t
 that one man's clinical duties should be so reduced that it wo
 be possible for him to devote his principal attention, or at le
 enough attention, to the supervision of the laboratory, both for
 autopsy work and for the clinical laboratory work. If you feel
 sympathy with that, I think the next step would be to arrang
 plan that would be adequate for each hospital, and then to arr
 as quickly as possible at the proposition as to the men whom y
 may choose, because we have to make our plans for the work for
 winter; and I am very anxious that this winter should be the ti
 when we can furnish your men the instruction in the directi
 needed.

Mr. Chairman: You have heard the proposition of Dr. Meyer
 the director of the institute, and the chair will be glad to hear y
 opinions in reference thereto.

Dr. Pilgrim: As I understand the matter, it is Dr. Meyer's int
 tion to have us delegate some one man to go to the institute dur
 the winter to receive instruction in autopsy work.

Mr. Chairman: More than autopsy work, laboratory work.

Dr. Pilgrim: Laboratory work and autopsy work both, and
 seems to me that that is an excellent idea. The clinical work now
 so severe and so strenuous that the men really have all they
 possibly do in keeping up the cases and doing the ward and clin
 work, without doing the autopsy work; that entails a good deal
 time and takes them away from the wards a good deal, and I th
 that if we had one man trained and detailed to do that work it wo
 help us very largely, and the results would be very much bet
 than they are now when the men take turns in making autops
 and make them only on their own cases. Of course I think the m
 who does make the autopsy ought to be experienced enough to m

them scientifically so that each one would result in something good, something definite, and they should not be made in a slipshod manner, as they frequently are when made by men not specially trained for the work, and I think if we can increase our staffs a little and have a man detailed for the work a great step will be accomplished.

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Mr. Chairman: We will be very glad to go over the financial end of this matter and see, if it is necessary to add someone to the staff, whether it will be possible for us to do it, and I will try and get the consent of my colleagues to such a proposition. It may not be possible to do very much in that direction; that I can not tell until I go over with the people in our office the state of the funds. In order to shorten this discussion, perhaps it might be well for those who have any objections to these plans to state them, otherwise we will consider they are in favor of them. I think further in regard to this work that when one man does the work and looks after the laboratory work he should have certain relationship to the wards, or some of the wards, so as to be in touch with the clinical side, thus his interest is likely to grow in it, and the results will be more satisfactory perhaps than we even now anticipate. I will now hear any objection to those propositions.

Dr. Elliott: In the event of a member of the staff being detailed to do this work as outlined by Dr. Meyer, the question might come up as to how it would affect the grade of that physician and the compensation, and how it might affect his promotion to a higher position which would not be in connection with the laboratory.

Mr. Chairman: I do not think that that would interfere with his promotion; if he is a suitable man, and has taken the examination, for instance, for first assistant, he could still be promoted, and probably by that time somebody else in the service would have taken some interest so that he could take up the work if necessary. In the meanwhile he will be trained, and could perhaps train someone to succeed him.

Dr. Elliott: The tendency might be to keep the man in that position.

Mr. Chairman: Speaking as the medical head of the Commission, I should say that if the man was worthy of promotion, he should have it, and that would be all the more reason why he should have it.

Dr. Meyer: This question gives me an opportunity to supplement what I said in a direction which I think is quite important. In the selection of such a man it would be especially necessary to choose somebody who does not simply take that as a little domain and absorb everything without bringing the matter into touch with the rest of the staff. It ought to be a man who is able to interest the other men thoroughly in laboratory work as well; one who is capable of communicating things, and one who naturally will attract the attention of some of the younger men who may later on follow him in the work when he comes to promotion in any special direction. I believe that the fact that he has got to keep in contact with the clinical work will certainly enable him to qualify himself for any superior position.

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Mr. Chairman: If there are no further objections we might say that this matter can be arranged between Dr. Meyer and the superintendents of the institutions. The superintendents know the individual conditions; these can not be uniform; these will differ in different places, but we will try to have some common standard.

Mr. Chairman: Dr. Pilgrim, I believe that you are the chairman of the committee on reorganization of the medical service and that you have a report to present.

Dr. Pilgrim: I have a preliminary report; the committee has worked a long time on the matter, but we are only ready at this time to present a preliminary report.

PRELIMINARY REPORT ON REORGANIZATION OF THE MEDICAL SERVICE

This committee was appointed at the conference of January 31, 1905, to consider the subject of reorganization of the medical service of the hospitals, the object being to overcome, if possible, the difficulty experienced in maintaining the size and efficiency of the medical staffs.

The committee feels ready to offer now a preliminary report of a suggestive character, and would prefer to leave specific recommendations for a final report to be made at the next conference after the subject has received further consideration from the members and the committee.

To demonstrate the extent of the difficulty a statement of original appointments and resignations in each grade of the medical service during the last five years was obtained from each hospital.

These statements give the following result for the whole service:

APPOINTMENTS

YEAR	Medical internes	Juniors	Woman physicians	Total
1900-1.....	11	2	.....	13
1901-2.....	8	6	.....	14
1902-3.....	7	11	3	21
1903-4.....	19	9	.....	28
1904-5.....	13	9	.....	22
Flatbush 5 years.....	3	1	1	5
	61	38	4	103

RESIGNATIONS

YEAR	Medical internes	Juniors	Assistant physicians	First assistant physicians	Woman physicians	Superin- tendent	Total
1900-1.....	5	2	2	1	.....	.....	10
1901-2.....	4	6	7	.....	.....	.....	17
1902-3.....	2	3	4	1	1	.....	11
1903-4.....	7	6	4	1	.....	.....	18
1904-5.....	6	8	5	.....	.....	1	20
Flatbush 5 years.....	3	1	1	.....	.....	.....	5
	27	26	23	3	1	1	61

Inquiries have also been made of superintendents, assistant physicians, recent graduates in medicine not in the service, and others, with a view of discovering as nearly as possible the causes of the difficulty. For the same purpose comparison has been made between conditions in the State service and those in other fields of medical work.

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As a result of these investigations the committee finds that the difficulty experienced is to some extent due to general conditions, such as a diminution in the number of graduates, increasing opportunities for general hospital work and laboratory work, improved prospects in general and special private practice, and an increase in the number of salaried positions available. There have too been changes in the standard of living, in medical standards, and in the State hospitals themselves.

A young physician thinking of becoming a candidate for a position in the State hospitals is liable to be actuated by one or more of three motives. He may look upon the hospital service as a desirable career, as a temporary means of livelihood while he waits for an opportunity to enter private practice or take up other work, or as a means of adding to his professional attainments and experience. Medical men rarely elect institution work as a career from the start, and few look upon the State hospitals as places in which to gain valuable medical experience. Most of the desirable candidates for the State service look upon the positions as a temporary means of livelihood until something different can be obtained. That this attitude is based upon ignorance and is not entirely justified by the actual conditions renders it none the less a fact to be considered in connection with any plan for reorganization of the medical service. The committee believes that two objects should be aimed at in reorganization to overcome this indifference of well qualified men to the work as a career, and to make even temporary positions inviting as a means of professional improvement.

Judging from the number and quality of candidates for positions, the United States government service seems to be considered most attractive in the fields of medical work outside of private practice which present themselves to young graduates. Those who enter these services apparently do so with the intention of remaining for life and few resign. The committee has for this reason made some investigation of these services in order to discover if possible any features suitable for adoption by the State service which would tend to make the latter more inviting as a career to young physicians.

In some respects the United States services differ widely from that of the State hospitals, especially the army and navy. There is one service, however, which presents more points of similarity. This is the United States public health and marine hospital service. This is not a military service, and the organization and management are entirely medical. The number of medical officers is about the same as in the State hospitals of this State. Their duties are executive and professional and many of them live in hospitals under conditions somewhat similar to those in the State hospitals. The regulations of the service have been framed by medical men and are the ex-

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pression of the experience of a 100 years during which the service has been organized. Conditions seem to have been realized which are satisfactory to the medical officers as only two have voluntarily resigned during the past five years and these for very special reasons, while from the State hospitals, during the same period in grades above medical interne there have been 48 resignations.

In the United States public health and marine hospital service, provision is made for medical internes who are appointed under a system similar to that recently adopted by the State hospitals. They are appointed by the officer in command at a hospital or station after non-competitive examination and receive either no salary, or occasionally a small salary. They are treated as officers, but are not placed in responsible positions and are not in line for promotion. The lowest grade of commissioned officer is assistant surgeon, to which all original appointments are made. These appointments are made by the President upon recommendation of the surgeon general and after competitive examination by a board of officers of the service. At the end of five years an assistant surgeon is required to submit to examination for promotion. This examination is compulsory and after two failures the candidate is obliged to resign from the service. The grade above assistant surgeon is passed assistant surgeon and the next grade is surgeon. Promotions from passed assistant to surgeon are made according to seniority as vacancies occur, and each candidate is given an examination. In case of failure to pass a second trial is given after a year, but not a third. Unsuccessful candidates are marked in the official register of the service as "not in line of promotion," and remain passed assistant surgeons. Higher grades are assistant surgeon general and surgeon general, which are filled by promotion of surgeons without examination. The examinations are much more searching than those in the State service and require several days. A systematic record of each officer is kept from the time of appointment and periodic reports regarding him are received from his superior officers. This record is ordinarily accessible only to the surgeon general but is used by the boards of examiners in rating candidates for promotion. The official relations of the various grades of officers and the methods of discipline are well defined by regulations. In cases of serious breach of discipline or misconduct a board of investigation is appointed consisting, when possible, of officers superior in rank to the accused, and provision is made for various degrees of punishment according to the offense. None but those specified in the regulations can be inflicted. They are as follows:

- (1) Summary dismissal.
- (2) Suspension from duty without pay.
- (3) Suspension from duty on waiting order pay.
- (4) Reduction in rank in his own grade.
- (5) Retention of his present number on the register for a specified time, or until a specific number of officers shall have been promoted over him.
- (6) Official reprimand by circular letter.
- (7) Two or more of the above from 2 to 6 inclusive.

In a recent instance punishments 2 to 6 were inflicted for failure to give credit to a brother officer in a report of research on yellow fever. Conference of
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Dismissals from the service require the approval of the President.

The salaries and allowances in all the national services are nearly alike in the corresponding grades. In that under consideration the salaries are \$1,600 a year for assistant surgeons, \$2,000 for passed assistant and \$2,500 for surgeons. Every five years 10 per cent increase is allowed in all grades above assistant surgeon, the maximum increase being limited to 40 per cent of the salary. Thus a surgeon 20 years in the service would receive \$3,500 a year, and a passed assistant after the same period \$2,800, or \$2,400 after 10 years.

Ample furnished quarters are furnished according to rank, or where these are not available in the hospital or station, commutation is allowed instead. Each officer's quarters are furnished for house-keeping and he may be married if he pleases. Maintenance is not furnished but supplies may be bought at the prices paid by the government. When an officer is transferred the traveling expenses and freight charges are paid by the government. There are definite regulations in regard to leave of absence, sick leave, and other privileges, and provision is made for permanent disability from age or illness. There is no provision for retirement as in the army and navy, but a disabled officer may be placed on waiting orders at three-fourths salary. The committee is informed that plans have been made to increase all salaries 20 per cent and to reduce the time between appointment to the service and promotion from five years to three.

This description has been given because the committee believes that a medical service which attracts and retains a corps of highly efficient medical men under conditions somewhat similar to those in the State hospitals is well worth thoughtful consideration in connection with plans for reorganization of the hospital medical service. The features that have especially impressed the committee are the compensation received by newcomers in the service, the very definite prospects in regard to promotion, the arrangements for home life, the method of increase in compensation extending over a long period of years, the provision for disability from age or illness, the well-defined regulations in regard to duties, responsibilities, rights and privileges, and the method of promotion and discipline. All these features could not be adopted by the State hospitals even if considered desirable, without a complete change in the organization of the medical service. They may, however, offer some helpful suggestions.

It seems doubtful if the minimum salary of junior physicians is now sufficient to attract well-qualified men. In estimating the prospects also, the next grade, that of assistant physician, is all that receives much consideration from a new man. In talking with assistants the committee has been impressed with the fact that few of them include in their consideration of the future the positions of first assistant and superintendent. These positions seem to them too remote and the chances of promotion to them too indefinite and uncertain, and the relative number of such positions to the men employed grows less with the increasing size of the hospitals, with

correspondingly diminishing chances. One of the needs of the service seems, therefore, to be a number of positions below the grade of first assistant of such a character as to be satisfactory irrespective of the chances of future promotion. The committee believes that to be satisfactory these promotions must offer, among other things, definite possibilities for home life. The slight increase in expense that would be caused by more liberal arrangements for married assistants would be more than compensated for by the increased efficiency of the service.

When promotion brings with it higher responsibilities as well as more compensation and privileges means should be taken to select those best fitted for advancement. It would, perhaps, be advisable, therefore, to hold either competitive or non-competitive examinations for all promotions. Examinations are now conducted by representatives of the hospitals and it should be possible to work out some system which will command the respect and confidence of superintendents and the candidates. The system of unrestricted selection by individual appointing officers, however excellent, is likely to be returned to and the best safeguard seems to be the creation of a standard of excellence for the whole medical service in which the board of examiners can be held responsible for maintaining it. The committee believes that steps should be taken to place the present system on a permanent basis and to make provision for periodic change of the examiners. A system of promotion that will provide for the certain advancement of the efficient and the elimination of the unfit seems essential to any improvement in the service which may hope to effect.

The method of increase in compensation extending over a number of years is in vogue in all the national medical services. The increase begins only after promotion from the lowest grade and is said to be one of the most satisfactory features of the services. Possibly the adoption by the State might prove equally satisfactory. Provision for disability from age or illness, or for retirement after a certain number of years, is another feature which might be adopted with benefit to the service.

The more complete organization of the United States marine hospital service lends itself more readily to management under well-defined general regulations than the service of the State hospitals. There are, however, some features of the medical service which might perhaps by mutual agreement be made the subject of general regulations. One advantage of this is that it makes it possible to present more clearly to young physicians the conditions and prospects which are to be met with in the service.

Possibly an uniform arrangement in regard to vacations, sick leave and some other things, would serve a useful purpose. The circulation of information in regard to the State hospitals are certainly a disadvantage when compared with those of the United States medical services with respect to definiteness with which the conditions and prospects in the service are stated.

The committee does not agree with those who say that the work in the hospitals for the insane can not be made professionally attractive.

tive to young physicians. In the period when problems of construction and organization necessarily occupied the best minds in the specialty, and when the medical aspect of insanity was not as clearly grasped as it is to-day, this may have been true. Now, however, it is different. The medical profession in general is more interested in mental diseases than formerly, the instruction on the subject in medical schools is better, and the medical features of the work in the hospitals have taken on a new character. Medical administration now demands a more intimate knowledge of the individual patient, and a more definite and thorough application of measures for his relief. In no State has more progress been made than in this, and the opportunities for making it medically attractive have vastly increased.

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The committee believes that this has an important bearing on the question of improvement of the service. With more inviting permanent positions to offer it ought to be possible to more readily fill such temporary positions as those of medical interne and clinical assistant, and it ought not to be necessary to increase the compensation in these positions. More careful supervision and training of those occupying these positions should now be possible also. A number of assistant physicians have had the advantage of special instruction and may properly be held responsible for the supervision and systematic instruction of newcomers in the service. It will be generally conceded that the first essential to efficiency in our work is a knowledge of the patients. It is well, therefore, to always first assign newcomers to the reception and other active services where careful study of cases is the principal part of the work, and where they can be as rapidly and thoroughly as possible made familiar with methods of examination and treatment. Men coming into the hospitals fresh from medical colleges and general hospitals are thus introduced at once into a promising and interesting field of medical activity, and in many instances an interest in the work may be aroused which will prove lasting. In the United States services the necessity of instruction in the special features of the work is fully recognized, and in connection with the army and navy, medical schools have been established at which all the new men receive a course of instruction lasting eight months. In the State hospital work there is even more need of special instruction, as even the best equipped of the new men have usually little knowledge of mental diseases or hospital administration. Such instruction and supervision as is suggested could be carried on in connection with the regular work of the assistants and would soon become a definite system. A little effort in this direction would, the committee believes, save for the service, many good men who now resign and would besides afford a better means than we have at present of ascertaining the real qualifications of the temporary men who may later become candidates for permanent positions.

The committee offers this preliminary report to indicate the lines along which, if the committee is continued, it is expected that specific recommendations will be made at the next conference.

The committee hopes for a free discussion, as it is important that the real difficulties be understood, and that the recommendations of

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the committee be such that will tend to overcome them, and will meet the approval of the conference.

CHAS W. PILGRIM

Chairman

Mr. Chairman: I think we are all indebted to Dr. Pilgrim for a very clear and suggestive report as to the needs of the medical service, but before this matter is discussed—I have not had time to digest it, and it seems to me if Dr. Pilgrim would have copies struck off (because it may be late in coming from the printers) and send them to the superintendents, and ask them to present in writing their views on this subject, then the committee would be in a position to make a definite report at the next meeting. This report could be read at the first session of the conference and discussed at the second or third.

The next order of business is the report of the committee on text books of which I believe Dr. Howard is chairman.

Dr. Howard: I know of no way of ascertaining what text books will be satisfactory except by a vote, and I regret to say, as far as the committee is concerned, that we have made no progress since last meeting.

Mr. Chairman: I read from the minutes of the last conference, "Mr. Chairman: I would suggest that the matter be deferred until the next meeting, and that the superintendents refer to these three works so as to be able to vote on it on that occasion. The chairman will also authorize an estimate for one of each of these books for each hospital to be placed in their libraries." From this you will see that it was expected that a decision would be reached at this meeting.

Dr. Dent: In looking over the books suggested by the committee, the Stoney, Weeks or Shaw and Hampton, I believe it would be, according to my idea, almost impossible to have the work of Stoney alone. It is a very fine work indeed, but alone it would not answer our uses for the reason that there is not enough anatomy; it does not contain enough anatomy to supply our wants. With the work of Stoney and Diana C. Kimball, that contains anatomy and physiology, just precisely what we need in our training schools. But if we accept one book, the Clara Weeks Shaw book would unquestionably be the book, so far as general information is concerned, for teaching pupil nurses, for the reason that it contains more anatomy and physiology than the Stoney book. The Stoney book is a most estimable work so far as technique is concerned, and what has been said about the Shaw work is applicable to Isabella Hampton, only less so.

Dr. Hutchings: I think it would be making a mistake to attempt to teach with only one text book, and I have found none that is satisfactory, and it is my opinion that we should adopt a work on anatomy and physiology with this book on nursing, or some other. I have used a book called Hutchinson's; it is now out of date; and I do not know whether there is a new edition or not, but some book on anatomy and physiology should supplement the book on nursing.

Dr. Macy: I should like to say that, in looking over those books, I have arrived at a very similar conclusion. My own preference would be Stoney's book on nursing, supplemented by Miss Kimball's on anatomy and physiology. I do not think we would be altogether satisfied with one any of those three alone.

Mr. Chairman: How much anatomy do you think should be taught?

Dr. Dent: I do not think a great deal of anatomy should be taught; but I think in the senior course they have ample time to learn a considerable amount. I think it should be limited; not so much as is taught a medical student.

Mr. Chairman: I would say that perhaps some reference book for the nurses' library on anatomy which is comprehensive might be adopted, but it strikes me as I look this over that there is such a fearful lot to wade through that other more important subjects might be lost sight of.

Dr. Palmer: After the last conference I sent for the three text books in question and went through them rather carefully to ascertain which would best answer the requirements of the training school. All three are text books on general nursing, and I presume that it is a book of this nature which is to be decided upon. If so, perhaps what I am going to say may be out of place. After considering these books I looked over an English text book called a "Handbook for Attendants on the Insane." This is perhaps more suited to the English institutions than to ours, but in many respects it seems to me to better answer the requirements for a general text book than any other with which I am familiar. It contains a certain amount of anatomy and physiology, but whether this would be considered enough for our training school is for the members of the conference to decide. I have brought this book with me and will pass it around, although I presume many of the superintendents are already familiar with it. I think it would be advisable to place all the books in the library to be used for reference, but it seems to me to select any one book on anatomy and physiology as large as the one submitted will prove too much for the nurses if they are expected to master all that it contains. Also, it will necessitate the purchase of another book. The handbook, besides being very satisfactory, is comparatively cheap, costing but 60 cents. At one time there was some question of revising Dr. Wise's book and I think Dr. Russell had it in hand. If this English book could be rewritten, I think that all we need could be incorporated, and I presume the publishers would be willing to accord us the privilege of publishing an American edition.

Dr. Pilgrim: I have only this to say, that I think it is the experience of all of us that our attendants, or the majority of them, are not sufficiently well educated to go very extensively into anatomy and physiology, and while we ought to teach them a little of both those subjects I think it would be a mistake to adopt a book of the dimensions of the one mentioned.

Dr. Ashley: If we should adopt a text book such as that of Clara Weeks Shaw, and another work on anatomy and physiology, the

and be considerable; also the nurses' time is well taken up with their ward duties, 12 hours, and as a rule none of them find time for study on the wards. It would be better to get some text book that is more concise, giving only such information as the nurses need, and suit our purpose better. Those nurses who wish to pursue their studies further, and take more advantage of their time, can easily do so by obtaining from the library the books they may require.

I am in favor of adopting any one text book for the State hospital nurses, to be a separate book for physiology and anatomy, and another for nurses now on the subject of nursing the different branches of nursing. I am not in favor of them being written, but they are not written, and we should insist upon the members of the State hospital nurses' association to stick with certain books. They receive good salaries, and can better afford to buy books than the general hospitals. With regard to the State hospital nurses, I have come to believe that the grade of candidates to train in the general hospitals we could train in the State hospital. I believe the opportunities in most of the general hospitals are such that a bright, efficient, competent nurse can fit herself for general nursing as well as for hospital nursing. We are doing more surgery than the general hospitals, and at a point of giving nurses in the training in the general hospitals that kind of work. The chief trouble is that we do not get sufficiently well educated. We have some, however, that are capable of utilizing the opportunities that the institutions give them to become competent nurses of themselves.

The standpoint of one of the examiners in favor of adherence to a uniform standard for the State. It might be inferred from the report that we are favored, possibly, more than one text book, but we have the same text books throughout, but not the same for all the State hospitals. I think of judging the comparative acquirement of the nurses if we adopt the same text book. "Harmful to the insane" are very well in their work, and are usually to the scope of the title itself. We have gone much beyond teaching attention to the insane, and it has always been our object to train nurses in the care of the insane, believing that the larger training makes them more competent upon the insane. With us we have no selection, and our nurses are doing good work in many sections of the United States. The graduates of the best general hospitals have frequent calls for general nursing.

head nurses, matrons, etc., from different institutions. The success in general nursing attracts excellent applicants to the training school and helps elevate the standard. The nurses in State hospitals in or near large cities have opportunities for studying children's diseases, surgery, etc., beyond what some of the rural hospitals are able to furnish, but with those deficiencies supplied, I am inclined to think that our nurses compare very favorably with general hospital nurses, and in cases where there is a nervous or mental ailment, they are better. We should adopt a good book on general nursing, and that might be supplemented, possibly, by some work on anatomy and physiology.

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Mr. Chairman: How much anatomy and physiology do you think should be taught? In reading these works, referred to at the last meeting, which do you think covers a sufficient amount of anatomy and physiology for the purpose of the training school?

Dr. Hurd: I have had so much extraordinary work to do in connection with the examination papers for the Civil Service Commission, that I am unable to say that I have studied the works with sufficient care to render a decision. We formerly used Clara Weeks' book with considerable satisfaction. I do not think that anatomy and physiology, however, should have an undue proportion in the course, but the student should have a fair knowledge of both.

Mr. Chairman: If perchance it should be possible for Dr. Russell to prepare a text book on mental nursing, or make some arrangements in regard to a text book on mental nursing, it might seem feasible to put an appendix in that book on anatomy and physiology to the extent that the training schools require.

Dr. Pilgrim: Wouldn't it seem that if the Clara Weeks' book or Miss Stoney's book contains enough anatomy and physiology for general nurses, that it ought to contain enough for our nurses?

Mr. Chairman: I believe that in the general training schools they have several books on anatomy and physiology in addition to those on general nursing, and I think that is what Miss Stoney is meeting; she is meeting the needs on general nursing, and anatomy and physiology are supplemented by other works. We have to select some book for the course this year, and I question whether this year it would be advisable to select a book on anatomy and physiology, or whether another year's experience might not teach us just what we need in that direction and enable us to select the text book which is as near the requirement of our schools as possible. I will appoint tellers and we will take a ballot on these books. Each one can write the name of the book that he thinks is preferable and best adapted for the institutions. I will appoint Dr. Pilgrim and Dr. Dent as tellers.

The tellers reported the result of the balloting as follows: Full number of votes 12—Dr. Wise, 1; Clara Weeks Shaw, 10; British Hand Book, 1.

Mr. Chairman: Referring to the report of the committee on classification, it seems to me possible to make the matter clearer. Take for instance No. 8, infective-exhaustive psychoses (delirious types),

rs, etc. Now wherever "allied disorders," it seems to me that it would be better to use . 8a, 8b, 8c, etc.; in that way there would be a better arrangement of the depressions, it would start first with "melancholia symptomatized by depression," then "involution melancholia," then "melancholia not sufficiently distinguished." Then "mania," divide them into sub-groups and give them a separate number as in the report, and in that way the public would understand it better. It is a confusion of manic-depressive and allied disorders; manic-depressive by allied disorders. These are included in the report by the superintendents. The first thing to be done is a reclassification for the statistical tables, and the institution to use in the way that is best. It is recommended that the following groups shall be used in the tables:

1. Mania;
2. Mania with insanity;

the adoption of this classification for the report was unanimously adopted, and the necessary forms would be prepared. The question is now upon the matter of its being made available for incorporation in the superintendent's report, understanding that latitude of choice is left to the judgment of the individual hospital.

Resolution was adopted.
The next order of business is the reading of the report on New Remedies and New Methods of Treatment.

NEW REMEDIES AND NEW METHODS OF TREATMENT

When I read a paper on this subject I pondered how much could have been a fine opportunity, had I been present, to hear something entirely new and meritorious. I have heard of a serum for the prevention of old age; of a method for the preparation of an ordinary preparation; of an epoch-making announcement without time and experience. So with an hurried glance I turned to the files of medical periodicals to see what I could glean therefrom. I found that medicine never survives its swaddling clothes, and that the abundant material only those to

which, because of the approval of good observers or because of their novelty, seem to warrant a moment's consideration.

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The first of these is a new hypnotic veronal, which was introduced into this country from Germany. It has the sanction of well-known men, it is said to be prompt in its action, produces no bad after-effects as headache, giddiness, etc., does not irritate the stomach nor depress the heart. It also acts efficiently when given by enema. The dose is five to eight grains, administered in some hot drink, half an hour before bedtime. It has been tested in neurasthenia, alcoholism, insomnia from mental overwork, and only favorable reports regarding it have come to my notice.

A remedy for external use intended to replace iodoform is euguforn, a chemical combination of two efficient germicides, guaiacol and formaldehyde; it is a yellowish brown powder and its odor resembles guaiacol. It is employed as a powder and ointment and as an emulsion, not being soluble in menstrua. It is said to act efficiently in controlling the odor of foul ulcers, fistulas and inoperable cancer, and is antiseptic and germicidal. When applied in too concentrated a form it produces some irritation to the skin and an eczematous eruption. It has been employed with good results in tuberculous ulcers and the emulsion injected directly into cold abscesses with varying success. In general terms, it can be said to have effects very similar to iodoform, but without its disgusting odor. I have not seen a reference to its use internally.

FRESH AIR TREATMENT

It seems hardly necessary to refer more than briefly to the treatment of various conditions by fresh air. I do not refer to tubercular conditions. For the past seven years we have employed this method of treatment for anemia, sleeplessness and loss of appetite, and have found the results extremely satisfactory. We have had our patients sit outdoors in some sheltered spot and in steamer chairs, and when the weather was cold provided sufficient wraps, and, when necessary, hot water bottles to the feet, and have been able to keep them comfortable in the severest winter weather.

The patients take kindly to this treatment and after a few days' trial usually prefer being outdoors to staying inside. Their sleep and appetite improve from the first day, and general nutrition shows gradual and steady advancement. This method of treatment has no advantage in strong patients, who can walk out of doors, but it is particularly applicable to the feeble and delicate, and we have frequently taken them out of bed for this treatment.

Where patients are somewhat restless and disorder the covering frequently, we have devised a sleeping bag, similar to that used by hunters, which comes up to the arm pits and effectually prevents the entrance of cold air.

THYROID

The subject of thyroid treatment is not new. Considerable work has been done on this subject by several American writers and the

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results up to that date were summarized in a paper by Mabon Babcock, and was presented to the American Medico-Psychological Association at the last meeting in New York. Though considerable time and thought were given to this subject, the conclusions have been unsatisfactory, as the results reported by different observers have differed radically.

The authors just referred to insisted that the remedy should be given in such doses and at such intervals as to produce symptoms of a reaction, which could be usually seen by elevated temperature, vomiting, diarrhea, prostration and rapid or feeble pulse. This condition was doubtless an intoxication somewhat similar to that produced by certain other organic agents, as tuberculin, nuclein, etc.

It has been long observed that the symptoms of insanity in certain cases would temporarily disappear or be modified upon the appearance of an acute disease, like erysipelas or pneumonia, and that such incidents have gone on to recovery in apparently unfavorable cases can not be denied, due apparently to some obscure change in metabolism. I have seen remarkably good results follow the use of thyroid, where the patient did not recover, but was changed in character as to have made the treatment worth while. Had I the time I could report at considerable length the case of a middle aged woman, E. B., strong and muscular, who was suffering from the residuals of an attack of dementia præcox. She had hallucinations of hearing, and would stand in a constrained attitude repeating for hours senseless sounds, usually words that rhyme. She constantly kept her person exposed and indulged in filthy practices openly, and if any attempt was made to interfere with her she would struggle and assault viciously.

This patient was, for several years, the problem of the institution. Finally, it was determined to try the effect of thyroid treatment upon her, and she was given doses, at first five grains three times a day, increased to 15, and the treatment was kept up for six weeks, by which time there was a good reaction as shown by temperature, pulse and gastric disturbance. She went to bed willingly and accepted attentions without resistance. She was kept in bed and waited upon as a sick person then and after the thyroid was discontinued. The habit which she formed at that time, of adapting herself to her surroundings was fostered, and a system of training was adopted by requesting her to do little things, which she could well do, such as washing her hands and face when a basin was brought for her, and later she was allowed to sit up, to make her own bed, and finally towels were placed before her to be folded, and still later sewing was put in her hands. The result was, with time and patience, she developed into a steady, quiet dement, and has been for a long time working in the sewing room. We have had other cases as satisfactory as this and some failures.

Small doses of thyroid seem to have no effect upon mental symptoms, and it is my conclusion, from a careful examination of our records as well as the published cases, that thyroid has no specific action, that its only effect is to produce a reaction very similar to

reaction of other organic principles. If that can be taken advantage of to influence the patient's demeanor it is worth keeping among our list of remedies. Conference of
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The extracts of other internal organs have been exploited, but no results have thus far been published, which would justify us in anticipating that any of them will prove of value for more than some one specific purpose, as thyroid in myxoedema or adrenalin for the control of hemorrhage.

The toxin treatment has come in for its share of notice. A serum obtained from sheep whose thyroid glands had been removed six weeks previously, has been used in the treatment of Graves' disease, and some interesting reports have been sent out by Dr. Kuh of Chicago. He reports in a recent number of *Medicine* the result of treatment in 10 cases, some of which he claims to have cured. In the first case the pulse was reduced from 100 to 70, the goitre reduced in size and tremor, hyperidrosis, von Graefè's and Moebius' signs disappeared. The patient feels well, notwithstanding the fact that during the last year she has undergone much grief and anxiety, and is able to be more active than for years.

In the other cases he was able to produce some effect upon the pulse and upon the weight of the patient, which usually increased, but the good effect seemed to disappear with the suspension of the treatment. In concluding his paper, he remarks that his experience has not been sufficiently large to claim any curative effect, but the symptoms were palliated, except in one case where the effects were only temporary, and though the serum was continued the disease grew worse. He noticed, however, that nearly all the patients expressed themselves as feeling better, even though they were not aware of the character of the remedy they were taking. These patients were not kept in bed and he advises the resumption of the treatment from time to time when the symptoms of tachycardia become troublesome.

We tested this remedy in four cases, three well-defined cases of Graves' disease, and one which lacked some of the signs. The results were practically negative in all four. It is true one recovered promptly from manic-depressive excitement and went home, but the struma was not diminished in size and the pulse continued rapid.

Some favorable results have been reported from Germany. Dr. Thienger reported four cases, in all of whom the pulse became slower and in three the size of the goitre was unchanged, but one young man, who presented symptoms of toxemia, at the time the treatment was begun, showed extraordinary improvement. In seven weeks the pulse had been reduced from 140 to 76, with corresponding improvements in other symptoms, but the exophthalmos did not wholly disappear.

A SERUM FOR SYPHILIS

A French observer in the *American Journal of Sciences* has prepared a serum from the blood of sheep. He observed a similarity between an eruptive disease in the sheep, namely sheep pox, and human syphilis. He experimented in a number of cases of human syphilis, exhibiting the remedy both before and after the eruption.

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In the former, it had the effect of delaying the appearance of the rash. After the rash appeared it altered its character, so that it consisted of macules. In one case no rash appeared at all.

Dr. McHardy, medical officer of the Cotton Hill Asylum, Stafford, has reported two recoveries from general paralysis by the administration of urotropine. Case 1 was a man 44 years of age, who had suffered for two years from the cerebro-spinal type of paresis and at the time the remedy was begun had been confined for eight or 10 weeks to his bed, leading what the doctors described as "a catheter life." On November 15th, he was placed on five grains urotropine daily, which was gradually increased to 15 grains daily. No other treatment was given. The man gradually improved, his strength was regained, his physical symptoms and delusions disappeared and on July 1st he was discharged on probation, and on October 1st was reported to be showing no signs of the disease.

The second case, a man, age 38, duration of the disease five months, was stated to show the following symptoms: Argyll-Robertson pupil, exaggerated knee-jerks, ankle clonus, twitching of facial muscles, slurring speech. He was given urotropine $2\frac{1}{2}$ grains twice daily, which was increased to five grains twice daily. Some hæmaturia occurred and the remedy was stopped for a time and again begun at the original dose. His improvement was steady, and in less than three months all evidences of the disease had disappeared. It is to be regretted that the doctor did not report these cases with greater detail and give us more facts and fewer opinions in regard to the symptoms. He gives no differential diagnosis, and so does not eliminate alcoholic conditions. Urotropine is formed by the chemical union of ammonia and formaldehyde; in the presence of a weak acid as the urine it is decomposed with liberation of formaldehyde. It is recommended in the treatment of diseases of the urinary tract for its antiseptic properties, pyelitis, cystitis and inflammation of the deep urethra. In large doses it is apt to produce hæmaturia, which quickly disappears upon withdrawing the drug.—*British Medical Journal*, January 28, 1905.

In *Bruce's Review of Neurology and Psychiatry* for May, 1905, is an article by W. Ford Robertson and Douglass McRae, which lends some support to this claim. It is entitled "The Presence of Diphtheroid Bacilli in the Genitourinary Tract in Cases of General Paralysis and Tabes Dorsalis." The authors assert their belief that these diseases are dependent upon the presence in various tissues of the body of a bacillus, which can be found in the bladder, urethra and vagina, and assert their growing belief that general paralysis is an unrecognized venereal disease, not syphilitic, though syphilis, by reducing the resistance of the body, may render infection by this bacillus possible. They have been able to isolate the diphtheroid bacillus from the brain in seven out of 20 paretics, which came to autopsy. Cultures from these cases were found to be virulent to rats and innocuous to guinea pigs.

Dr. Lewis Bruce injected cultures obtained from the brain of a paretic subcutaneously into a goat with the idea of producing a serum.

The animal grew weak and died at the end of six months and the meninges presented changes analogous to paresis in the human being.

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Lumbar puncture, though not to be classed as strictly new, is developing into importance in diagnosis. In general paralysis a considerable increase in the cellular elements of the cerebro-spinal fluid can be looked for with certainty in the early stages, and Osler was able to demonstrate a like condition in 14 out of 17 cases of meningitis.

In conclusion, let me say that of the great number of new things put forward each year not many prove to be good. Time and test will relegate the unworthy to the limbo of exploded fads, but the careful study of the individual patient is the first essential to progress.

Mr. Chairman: I will have to ask the conference to excuse me for the rest of the morning session, and will ask Dr. Pilgrim to take the chair. I will be here this afternoon. I wish to express my satisfaction at seeing Mayor Hine of the board of the Hudson River State Hospital, and Mr. Stothoff, for many years connected with the Willard State Hospital board. I hope in the future the matter will be encouraged, and that members of the boards will be present, and while these meetings have departed from former lines and we take up matters more particularly referring to the medical side, there are always matters for discussion of an administrative character, and the managers can get an idea of the work that we are doing.

Dr. Pilgrim takes the chair.

Mr. Chairman: I believe it is understood that the discussion of this paper is to go over until afternoon, and the next thing on the program is Dr. Dent's paper on "Hydrotherapy in the Treatment of the Insane."

HYDROTHERAPY

In accordance with the wish of the committee on suggestion of topics I submit the subject of hydrotherapy for discussion.

The derivation of the word "water-healing" does not convey the full meaning to those familiar with its use in hospitals. Hydrotherapy implies more than the mere application of water, it emphatically means good nursing, which in itself is the greatest single element in the treatment and care of the insane. In using hydrotherapy we dismiss sedatives, restraint, seclusion and many objectionable features. To accomplish the best results, it is positively necessary to have a competent corps of nurses. There must be a graduate nurse, capable of receiving orders, and a sufficient number of nurses to carry them out.

As the crucible solves the problem of the alchemist, so must practical application solve hydrotherapy for the physician. That hydrotherapy has been condemned by some, and praised by others, shows a difference of opinion which practical application should overcome. This form of treatment is similar to all others, in that it is not a panacea; failures are recorded, but less harm results to the patient than would have, had a course of sedatives been used instead. It is remarkable how slowly natural science, or the investigation of the sequence of events, has developed. This is not only

applicable to this subject, but to others, more closely related. Just why we are creatures of fancy, rhythm and habit, is prehensible, yet a review of medicine will show that it is true; it will also show that it is risky to say anything against a new fashion, and to be at all tolerated, one must deal with facts and opinions. This is not always easy to do in medicine, for the fact that a physiological action may occur without perceptible result without its being attributed to the cause.

To illustrate more fully: Take the application of a cold pack. The physiological effect is to stimulate the vaso-motor centers, causing contraction of the arterioles, thus sending the blood to the viscera. This is a reflex action caused by an irritation to the nervous system; what other disturbances may be caused by such irritation are practically overlooked.

Take the hot pack or the continuous bath. This is also a stimulation to the central nervous system, with the result that the vaso-motor dilators cause the arterioles to dilate, thus causing hyperemia of the cutaneous surface; in filling the vessels of the skin with blood, which you remember is about 17 feet square, and when congested contains two-thirds of the blood in the body; it is evident that a sensation or shock is given to every organ in the body. The result may be derived from this alone no one can tell. In dealing with anemia and hyperemia of the skin, the question of effect on internal secretions is an important one. To supply an organ with blood, to take blood away, or cause blood to flow through it rapidly means an interference with its nutrition. It is a well-known fact that prolonged interference with the adrenals, thyroid gland, pancreas, liver, etc., means disturbance of metabolism which results in serious physiological derangements, manifested in the case of the adrenals in high tension pulse, etc., in the thyroid in Graves' disease; in the pancreas in diabetes, etc. By supplying these organs with more blood, they are better enabled to functionate, and what part each organ takes in supporting life or resisting toxic invading germs is yet to be solved.

As there will not be time to take up the entire subject, I will do my best to make a few remarks on the packs and devote the rest of my time to the discussion of the continuous or prolonged full-body bath which we have been using in this hospital for three years.

The packs, hot, cold and dry, are of great value when properly prescribed, and are not without danger to life when unscientifically used. Cold packs should be given at temperatures between 50° and 60° with a duration of from 25 minutes to two hours. If a patient be allowed to remain longer than one hour, the temperature is raised, and becomes a hot pack by reason of the heat radiated from the body. If it is desired to get the physiological result of a cold pack, it is obvious that a change is necessary when the sheet becomes warm, whether it is 15 minutes or two hours. If the soothing effect of a hot pack be desired, the patient may be allowed to remain in the pack until the sensation of heat is experienced, or until the state of perspiration is reached. If, on the other hand,

eliminative or depleting effect be desired, he may be kept in for five to seven hours under constant observation. The cold pack should be used with extreme caution in cardiopathy and in old and feeble patients, especially with arterio-sclerosis. The reason for such caution is that cold applications are stimulating, causing by reflex action vaso-motor contraction, thereby driving the cutaneous blood to the brain and viscus, hence the necessity of an ice bag to the head to counteract hypostatic congestion. The hot pack is soothing by reason of its physiological action in causing vaso-motor dilatation, which results in hyperemia of the skin, and when prolonged, into profuse perspiration. Any degree of depletion or eliminative effect desired can be produced by continuing the sweating process. There is sufficient evidence to warrant the statement that toxins are eliminated. So far as the sense of smell can be relied on, a demonstration is given by the sheet removed. When a patient falls asleep, he is allowed to remain in the pack until he awakens, unless there be reason for not prolonging the pack. The temperature should not be too hot, if applied between 101° and 105°, it will be found best. One should not lose sight of the fact that this treatment is depleting, as well as eliminative, and therefore exhausting, hence the danger in delicate cases. There will be frequent calls for water, which should be given *ad libitum*, as warm as it is agreeable for the patient to drink. A characteristic result of this pack is the manifestation of the stage of reaction by a movement from the bowels; this has obtained when obstinate constipation prevailed. Cold applications should be applied to the head and hot applications to the feet, and when removed from the pack, cold sponging and massage should be applied. This pack is probably one of the most useful of hydiatic measures, and fortunately convenient and easily applied.

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The purpose of the dry pack is to cause hyperemia of the skin, preparatory to further hydiatic treatment. It is very useful in cases of excitement, continued to the stage of profuse perspiration. What has been said of other packs in the way of caution is applicable to this. I shall not take up your time with the technique nor will I attempt to prescribe certain packs for certain psychoses; this must depend on the physiological results desired in each case.

Inasmuch as our use of the continuous bath differs with that of others, a brief description of the technique will not be out of place. I exhibit here a miniature tub, equipped with a hammock, ready for use. Your attention is called to the supply and exhaust. This is designed to have the warm water pass over the shoulders and body of the patient from an inlet at the head of the tub. The outlet, you observe, is at the foot, and controlled by a valve. I have here a drawing showing the design of six tubs controlled by thermostats, the installation of which the Commissioners have approved. One attendant can control six tubs so far as the supply of water is concerned, unless some of the patients are disturbed. It is unnecessary to say that the tubs may be used for any kind of a tub bath, as the temperature can be regulated by the thermostats controlling each tub.

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The laws of physics are applicable to the living body, which means that a high temperature conveys heat, and a low temperature absorbs heat, but the result differs for the reason that the living body generates or gives off heat, thereby keeping up the normal temperature. If a higher temperature than the blood is brought in contact with the surface of the body, the cutaneous vessels become dilated, the circulation in the skin accelerated, the secretions of the cutaneous surface increased. This stimulation is constant and far reaching, for the reason that an influence will be gained by means of this constant stimulant over more complex organic functions, which in hasty and rapid experiments are lost sight of. The question has been asked frequently: How do you keep disturbed patients in the bath? Where patients are very much disturbed and resisting, they are wrapped in a large linen sheet, securely fastened about the trunk and extremities, similar to a preparation for a wet pack. The hammock is so adjusted that the body may be immersed to any depth desired. The head rests on an air cushion and a sheet is thrown over the tub. Another question frequently asked: Is not the sheet binding the patient irritating? It is not, inasmuch as the warm water obtunds the sensibility of the skin. The temperature of the water should be kept between 98° and 101°. This is important, and it should be borne in mind that this is not a neutral but a warm bath.

I submit some of the reactions observed in convalescent patients (comparatively normal individuals) who volunteered to submit to the test; together with a number of cases suffering with psychoses, taken from different services in the hospital.

(F. H.)—A convalescent patient, age 30, well nourished, weight 132 pounds, temperature 99.8 (rectal), respirations 19, pulse 86, full, with slight tension and irregularity; lungs normal, heart slightly displaced downward, apex beat prominent and first sound accentuated. Specific gravity of urine 1024, large amount of amorphous phosphates.

The patient was placed in the tub at 8 a. m., the temperature of the water 99.8 to 100. During the first three hours of her stay in the tub she at first complained of the monotony of the situation, but four hours later appeared drowsy, and soon after a hearty dinner she fell asleep, sleeping two hours in the afternoon.

That evening at 8 p. m., she passed a rather large constipated stool, and during the day drank considerable quantities of water and voided her urine three times during the 12 hours in the tub. That evening she slept continuously for eight hours, and on the following morning expressed no discomfort, saying that she felt perfectly comfortable during the entire night.

On examination of her cutaneous reflexes it was found that they were less sensitive and only sharp pin pricks elicited evidences of pain.

During her second day in the tub she expressed herself as being perfectly comfortable, ate her meals heartily, and twice during the second day her bowels moved; the stools were large and watery.

That evening, or at the end of 36 hours, she was removed from the tub. Temperature was found to be 99.8 (rectal), weight 131½

pounds, pulse 74, soft, regular; Tonometer tests showed a decrease in pressure of 10 mm. Examination of the urine obtained after by catheter showed a specific gravity of 1018, a diminution in the number of amorphous phosphates, but no perceptible change in its acid reaction. The cutaneous surfaces of the body, especially of the plantar and palmar surfaces, appeared paler and somewhat shrivelled, but in a short time regained their normal color.

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Patient (C. A.)—A well nourished woman of 35 years, weight 145 pounds, who had entirely recovered from her psychosis but was suffering from painful dysmenorrhœa; her rectal temperature was 100, respirations 19, pulse 84, full and fairly regular; first sound of the heart accentuated at the apex; urine high colored, specific gravity 1026, and with no abundance of amorphous phosphates and urates; no albumen or casts. Patient suffered intensely and her pains were paroxysmal in character, and the menstrual flow scanty.

She was placed in the tub at 8 a. m., at a temperature of 100, which was continued at this range with only slight variations during the entire bath. For the first three hours of her stay in the bath she was somewhat restless and continued to complain of pain. At the end of six hours she expressed herself as being more comfortable, and it was noted by the nurse that the menstrual flow appeared more profuse.

At the end of seven hours she passed a large constipated stool and after this fell into a light sleep. At 8 p. m., 12 hours later, she was sleeping soundly and continued to do so during the entire night with the exception of one or two occasions, when she awoke and asked for water.

When seen the following morning at 8 a. m. she appeared to be perfectly comfortable, complained of no pain, and that day ate heartily of her meals and was removed the following evening at 8 p. m.

During the 36 hours of her stay in the tub her bowels had moved four times, the last two stools being fairly well formed and moist. Her weight was 144½ pounds, pulse 76, soft; Tonometer tests showing a decrease in pressure of 15 mm., heart sounds clear and regular, both at the base and apex; there was moderate general analgesia; the skin appeared somewhat pale and shrunken and the palmar and plantar surfaces showed a slightly shrivelled condition, which soon disappeared, after being removed from the tub.

The patient expressed a sense of fatigue, was placed in bed and passed the remainder of her menstrual period with comfort.

(B. R.)—A poorly nourished woman of 29 years, weight 94 pounds, who had been confined seven days prior to her admission to the hospital; body emaciated, mucous membranes anemic, Hb. was 65 per cent, respirations 22, temperature 101; heart sounds irregular with marked accentuation at the apex, pulse high tension, and intermitting once every quarter, uterus large and tender with considerable lochia; sordes on lips and teeth, breath foul. Urine obtained by catheterization showed specific gravity of 1026, heavy trace of albumen, very high colored.

The patient was in an active delirium, showing great psychomotor activity, with most painful visual, auditory and tactile hallucinations. There was a history of insomnia lasting for several days.

On admission at 12 m., she was immediately placed in the bath at a temperature of 98.5 to 99.5. At first she was kept in the tub with great difficulty, but in the course of three hours she would remain in the tub voluntarily and was much quieter, although she showed considerable motor unrest. She persistently refused to accept nourishment of any kind, striking at the nurses whenever they attempted to feed her.

That evening at 7, she voluntarily accepted nourishment from her nurse, was much quieter, although occasionally she would react actively to hallucinations. At 10 p. m. she passed a hard constipated stool, took considerable warm liquid nourishment, fell asleep and slept soundly and continuously until 8 the following morning.

During the second day of her stay in the tub there was marked diminution in her motor unrest, her tactile hallucinations were less marked, uterine tenderness and lochia less marked, and occasionally she slept at intervals during the day.

The second evening of her stay in the tub she appeared somewhat clearer as to her surroundings and demanded solid food. It was noted that the tongue was becoming moist, the sordes disappeared, and she had passed three large soft stools in the interval. Her temperature was 99.8, the pulse 82, respirations 19, heart sounds clear and regular. Tonometer tests showed a diminution in blood pressure 1 mm. Specimen of urine obtained by catheterization showed specific gravity of 1021, albumenuria had disappeared, and was less marked. She slept for eight hours during the second night of her bath; and the following noon, after an immersion of 36 hours, was removed from the tub, but in a short time became distressed and difficult of control, and within an hour was back in the bath when she became quiet.

The fourth day of her stay in the bath it was noted that her tongue was becoming rather sodden, and she was removed from the tub early enough to be anointed with pure lard. On the morning of the fourth day she was placed on solid food and given the ordinary hospital diet.

After a period of six days in the tub she became perfectly quiet; she no longer reacted to tactile hallucinations, and although auditory and visual hallucinations persisted, they were not so marked. At the expiration of the seventh day, she was perfectly quiet and docile, and while clearer as to her surroundings, she retained a few delusions of a persecutory trend; involution of uterus progressed, lochial discharge had ceased; specific gravity of urine 1010; chemical and microscopical examination negative; pulse 82, respirations, 10; temperature, 99.8.

She was removed from the tub, kept in bed for several days, and when she was allowed up and discharged from the hospital six weeks after admission, after a progressive and uneventful convalescence.

(A. C.)—A woman of 40, alcoholic, anemic and emaciated, weighing 97 pounds, temperature 100 pulse 121 and high tension; arteriosclerosis, urine high colored; specific gravity 1030 and one per cent of albumen, tongue coated and dry.

On admission she was extremely uneasy, reacting to hallucinations of sight and hearing of a most terrifying character and expressed many somato-psychic ideas which were referred to the stomach. It was with great difficulty that she could be restrained in bed, and during the first night of her stay in the hospital she was in a constant state of motor unrest, frequently showing great fear, and the following morning persisted in her attempts to escape from her nurses. That morning her temperature was 102.5, pulse intermitting. She had neither taken nourishment nor medication, and was in an extremely weak condition.

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It was finally decided to place her in the continuous bath, and this was done at 10 a. m. For a few minutes she struggled, but soon became quiet, and three hours after her immersion, was dozing. After a period of six hours in the continuous bath, she accepted nourishment from her nurse, the first she had taken, according to her history, in several days.

That evening she slept for four hours, but when awake was fairly quiet and showed practically little motor unrest. Twelve hours after immersion she passed a small constipated stool, which was two hours later followed by a fairly large and moist movement. The tongue showed evidences of clearing up, the edges became moist, the pulse more regular and less frequent, the heart sounds clear. She continued to hallucinate actively, however, showing considerable effect of fear, until after a period of 36 hours, when the hallucinations were less prominent. At this time the examination of the urine was made. Specific gravity was 1022, there was only a slight trace of albumen, and the urine was paler in color.

About this time her appetite commenced to improve and she voluntarily took nourishment. She was removed from the tub and body anointed with lard, when she was returned, and after an immersion of seven days she was removed from the tub showing a gain in weight of three and one-half pounds, the urine free from albumen and specific gravity 1018.

Two months later patient was discharged recovered, after an uneventful convalescence.

Case C. F.—A woman of 35, single, weight 103 pounds, body emaciated, marked anemia, Hb. 60 per cent. first sound of the heart muffled, pulse 120, respiration 23, sub-acute bronchitis in both lungs, abdomen distended and tympanitic, temperature 101, sordes on the teeth and lips, tongue coated and dry; specific gravity of urine 1023, high colored, slight trace of albumen and heavy trace of indican. She showed a typical hallucinatory delirium of a most fantastic type. Her hallucinations were extremely active and it was with great difficulty that she could be restrained.

She was placed in a warm pack, but soon showed evidences of exhaustion and was removed, when she again commenced to show great psycho-motor unrest, and finally at 7 p. m. she was placed in the continuous bath at a temperature of 98.5 to 99.5.

During the first hour of the bath she was extremely restless and it was rather difficult to get her in the tub, but soon after this she

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became quieter. After a period of six hours she passed a large constipated stool and accepted some liquid nourishment. The following morning her tympanitis entirely disappeared and the bowels had moved freely. While she continued to hallucinate, she showed very little motor unrest, and as a rule remained quietly in the tub for 36 hours.

After her immersion she was catheterized and examination of urine showed a specific gravity of 1020 with a faint trace of albumen and the indican not so prominent; the tongue showed evidences of clearing up and she voluntarily took large quantities of liquid nourishment, and was somewhat clearer as to her surroundings.

She remained in the tub for nine days, sleeping on an average of 10 hours in 24, her hallucinatory episodes becoming less frequent and prominent.

When removed from the tub on the ninth day she had gained four pounds in weight, the indican and albumen had entirely disappeared, specific gravity of urine 1018 and reaction faintly acid.

While her delusions persisted for several weeks, she made a progressive and uneventful recovery, and left the hospital five weeks after her admission.

(C. L.)—A young woman of 22 with a strong insane heredity was admitted to this hospital suffering from a typical manic excitement which subsided in a few days, and was followed by a marked depression with persistent insomnia, on which hypnotics, such as sulfonal, trional and bromide had little or no effect.

She was placed in a continuous bath at a temperature of 99.8 and three hours after her immersion, she fell asleep and slept continuously for nine hours. The following day she was removed from the tub and that night again passed a sleepless night. The next morning she was again placed in the tub, slept for three hours during the day and the following night for seven hours. She was again removed from the tub and the two succeeding nights slept none. It was then decided to keep her in the bath continuously for two weeks.

This was done with an average of nine and one-half hours sleep in the 24. At the expiration of two weeks she had gained two and one-half pounds in weight, her former psycho-motor retardation and other symptoms of depression had disappeared, and patient made a rapid and uneventful recovery.

(E. C.)—A poorly nourished and emaciated woman of 46, with well marked arterio-sclerosis, high tension pulse, marked gastrointestinal disturbances and two large decubitus ulcers over buttocks extending on one side to the deep fascia.

She was admitted showing great anxiety and almost constant motor unrest.

The history showed that the patient had been bedridden for several months, and for one month prior to her admission had taken little food and suffered from persistent insomnia. The skin was cold and extremities cyanosed and several spots over the plantar surfaces of the feet showed evidences of breaking down. Rectal temperature was 97.8, pulse 64, respiration shallow, inefficient and rapid.

At 2 p. m. on the day of her admission she was placed in the continuous bath at a temperature to be uniformly maintained at about 100. Conference of
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At first she showed great fear, but in a short time became quieter, and seven hours after her immersion she took a little nourishment voluntarily. Two hours later she passed a small, hardened stool and slept for four hours during the early part of the next morning.

During the second day of her immersion the crusts about the edges of the ulcers appeared to be separating, and at the expiration of 36 hours had entirely separated except for a small spot at the bottom of the deeper ulcer which disappeared a few hours later, leaving a healthy granulating surface, which did not differ in any respect from the granulating surface seen under dry dressings, except there was apparently no serous exudate.

Her rectal temperature at the expiration of 36 hours was 99.8, pulse 76, respirations regular and fairly efficient. After this she continued fairly quiet, slept on an average of seven or eight hours a day, her appetite improving. At the expiration of the fifth day her motor unrest had almost entirely subsided, although her depressive ideas remained prominent; the ulcers showed evidences of healing up by healthy granulations and she was removed from the tub.

Ten days later the ulcers entirely healed, and it was also noted that when removed from the tub on the fifth day she had gained about two and one-half pounds in weight. After her removal from the tub she remained quiet, but in a depressed and delusional state, gaining rapidly in weight, and three months later she developed lobar pneumonia and died.

(G. W.)—Age 32, widow, in hospital March 28—June 13, 1904. Discharged. dementia paralytica, improved.

Re-admitted December 14, 1904:

In January she was constantly attempting to harm herself; beating her face with her hands and banging her head against the wall and the bed; she tried several times to bite her tongue off; at times required the attentions of two nurses; had numerous contusions and frequently acquired new ones; she received paraldehyde 1½ drs. b. i. d. for some days, but was not well controlled.

In February the patient was put in the continuous bath, with the result that her contusions cleared up rapidly, and the lacerations of the tongue healed. Abscesses formed on the neck and buttocks and left foot; she was restless, especially at night, yelling at the top of her voice and attempting to injure herself. During the day she was fairly quiet, being in the tub four to eight hours daily. After the 17th, the duration of the bath was frequently under eight hours, because her pulse became weak.

On the 24th she was still restless and troublesome; constantly getting out of bed, talking in short, explosive phrases; after a period of quiet she would suddenly throw herself from the bed. While in the tub she often stuck her tongue forward and bit it till the tip was engorged with blood. She received one dose of hyos. $\frac{1}{10}$ gr. and morph. $\frac{1}{4}$ gr.

Her condition improved slowly, and she ceased biting her tongue and attempting to injure herself otherwise. She was quiet so long as in the tub, and for some time after removal, but would then become restless, resist violently the attentions of her nurses and shout and scream. Her sleep was generally broken, and often of only two or three hours' duration. The baths were intermitted March 1st. The first day out of the tub she left her bed, hurried into the bathroom and tried to get into the water on top of her supplanter.

Becoming markedly disturbed she was in the bath seven hours on April 1st, and eight on April 4th. From the 16th to the 19th she was in the continuous bath and slept better nightly. This was repeated on the 25th to 27th, the first six days of May, and June 15th to 17th. In each instance her excitement was controlled, sleep improved, and she was easier to manage afterwards. Of course permanent improvement was not to be hoped for in a case of this kind, but a measure of temporary alleviation of her excitement was always obtained.

(S. S.)—A psychosis occurring in a woman of 43, six weeks after the extirpation of the internal genital organs for fibroid disease.

Patient was transferred to us from River Crest, February 17th. She was suspicious, uneasy, restless, pushing the nurses from her, paying no attention to questions. She constantly tried to get out of bed, and when taken to the examining room, struggled to get away. She frequently wandered about the ward, resisted all attentions, refused to be fed. This condition was only temporarily controlled by sedative packs.

On March 15th, she was placed in the continuous bath and remained there until April 2d. For the first two or three days she tried to get out, but then became quiet; her resistance to the various attentions of the nurses slowly waned, and since removal from the tub she has never shown the uneasy restlessness or active opposition that characterized her before.

(E. M.)—Age 31; married; housewife. The psychosis began early in December and patient was admitted the 14th.

January 1. She is noted as restless, importunes the nurses for clothing, watches the door, tries to follow other people out, objects to going out for exercise; to going to the dining room, and leaving it. She continually comes to the ward physician and impudently demands to be let go home.

March 1. Constantly appealing for pardon, and occasionally going on her knees to the nurse; very restless, constantly trying to get out; resistive and troublesome.

April 6. Constantly trying to escape.

May 9. Very obstinate and resisting; at times resists being brought to the table and refuses to eat.

June 13. Has refused to eat, sleep, or move from the foot of her bed; she is tube fed and given hyoscine $\frac{1}{16}$ gr., and codin hydrochloride and morph. $\frac{1}{4}$ gr. hypodermically. Sleeps two and one-half hours and resumes her former position.

June 17. Tube fed daily; refuses to eat, sleep or talk: becomes emaciated; placed in prolonged bath and slept six hours nightly.

she continued to lose flesh, and on June 24th was sent to another ward for the continuous bath. The first night she did not sleep and was restless, getting out of the tub once. On the following day she was tube fed for the last time. Her rest improved and on the sixth night she slept nine hours. On the tenth day she drank voluntarily and thereafter took liquid nourishment without urging about half of the time. Her physical condition improved slowly; her rectal temperature to-day is about 101; the abrasions healed and several inflamed hair follicles discharged freely.

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July 14. She was returned to bed; much of the time she tried to seize the clothing of any physician that came by and fall on her knees to him, but she never again insisted on standing on the floor. For the first three nights out of the tub her sleep was deficient, but thereafter was good, except for a diarrhoeic episode about the 15th of July. Ten days after being taken out of the tub, she began to eat solids, and now has a vigorous appetite.

Case of I. H.—Admitted August 2, 1905. A psychosis of some months' duration in a woman of neurotic tendencies. Poorly nourished on admission, weight 83½ pounds. As far as yet learned was under treatment in the Sloan Maternity about one year ago, during a tedious labor, and has not been well since, the psychosis being of gradual onset.

She presents sordes on the lips, a foul tongue, and extremely offensive breath, bowels confined, cardiac arrhythmia, pulse small in volume with fair tension.

Mental status: That of expansive delirium of mild character with feeling of elation, with occasional episodes of persecutory ideas of unstable nature, the dominant feature of the case being the extreme psycho-motor activity with flight and sound association, and without hallucinations.

She exhibited extreme motor unrest, constantly twisting and tossing about, lying crosswise over two and three beds, crawling out upon the floor, her arms in constant purposeless movements. Noisy in the extreme—yelling at the top of her voice; talk rambling; flight of a few connected words and varied ideas, at times of an erotic character.

During her first night at the hospital was extremely noisy, eating but little, wholly preoccupied by this psycho-motor activity.

At 7 a. m. of the second day she was placed in the continuous bath, at a temperature of 98. While in the tub imagined that she was in her own yacht and sailing, constantly giving orders and acting as if in charge of the vessel, yelling loudly, etc.

At 7 p. m. she was removed and rested quietly the entire night, becoming disturbed again in the morning and was placed in the continuous bath for 12 hours.

During her stay in the bath on this day she was talkative and restless, but these conditions were of a more quiet nature, her tone of voice was modulated and movements less rapid and forceful.

It was observed at the end of the second day that her tongue became clean, sordes disappeared, fetor of breath was not so marked,

and her appetite was improving. Her pulse was reduced in frequency and tension, but became regular in rhythm.

It was also observed that her mood, instead of being one of continuous mental and motor excitement, became alternating in showing depression of rather an acute character, with mental rest and with increase of hours of sleep.

She remained in the continuous bath for five consecutive days and nights, when she was removed. At this time her condition was ameliorated, the motor unrest almost disappearing, she still talked but in an ordinary tone of voice, with long periods of complete rest. Her appetite was much improved. Immediately after her removal from the bath, the reaction set in and her appetite became voracious. Gastro-intestinal symptoms had entirely disappeared.

Her pulse improved in volume and tension, and during the period of the first 15 days at the hospital, she had gained six pounds in weight, and become tractable and amenable to further treatment.

I. D.—Admitted Nov. 25, 1904; age 39; parents American; born in United States; widow; housework.

F. H.—There is a pronounced hereditary taint in the collateral family, an uncle and two cousins having been insane; one of the cousins is said to have suffered from hysterical convulsions. The father and mother of the patient are of a very neurotic temperament.

P. H.—Patient was born in New Jersey 39 years ago, and is an adult child. There is nothing in her early life of any importance. She remained at home until the age of 30, when she married a widower considerably older than herself, he died two years after marriage and since then she has again lived with her parents. She gave birth to one child which died three weeks after birth. For the past few years the patient is said to have had attacks of depression of three days' duration, occurring at about the menstrual period. During these attacks she would express persecutory ideas, imagined people were annoying her, and would show some excitement at times. As the menstrual period subsided, she would regain her normal condition. There is no history of alcoholism or other diseases.

Psychosis: The psychosis apparently became active about six months prior to admission, she then commenced to speak of a man who was president of the S. P. C. A. annoying her and hypnotizing her; four weeks before her admission here, she said that people in the stores where she went shopping made fun of her and laughed at her; she went to prominent men in the city, like Dr. Parkhurst, and asked them to have this annoyance stopped; unless this was done, she threatened to shoot herself and others, and for this reason was committed to the hospital. She was brought directly from her home in a carriage and offered very little resistance.

On admission here physical examination showed a slender, neurotic-looking individual of impaired nutrition; subjective complaints of electricity passing through her body, which she interpreted as hypnotic influences; the tendon reflexes were markedly increased; otherwise there was nothing abnormal noted, except a slight thickening of the superficial arteries; she was quiet and compliant;

fectly composed; spoke in a connected way of being duped and tricked, and reacted normally to her surroundings. Orientation and grasp on immediate and remote events was good; she showed no difficulty in thinking; had no insight into her condition, and judgment showed no defect, except that it was in harmony with her delusional formation; she expressed many ideas of reference and mystic influences; complained of being persecuted by a prominent man, and that she had often seen him looking through the curtains of his office at her; that of late some mystic influence had been used on her, for her heart would often beat very fast; that sensations like electric shocks were directed at her privates; also thought that advertising signs which she read along the streets had some reference to her, and were derogatory to her; she showed great emotional reaction, crying bitterly throughout her narrative and insisting that she should not be detained in a lunatic asylum.

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On December 2d, after a very restless night, she attempted to stab herself with a hair pin, and at this time it was found that her corneas were insensitive, as well as the mucous membranes of the throat; there was complete sensory anæsthesia of the right side, and she reacted only slightly to sharp pin pricks on the left; the color fields were markedly diminished, but there was no diplopia; occasionally she complained of her eyes feeling swollen and also that she was nauseated.

On December 5th the anæsthesia had passed away entirely, and normal responses were obtained; she continued, however, to have considerably restricted visual fields; she was always very emotional and constantly seeking sympathy; her emotional tone gradually became more stable; she showed some insight into her condition, and on January 17, 1905, she was apparently free from delusions or hallucinations, and was transferred to the convalescent ward.

After a short residence here, she began to be fault-finding and complaining; did not interest herself in anything; sat around all day in one position, refused to eat and had to be spoon fed.

On February 21st, she was again transferred to the acute service; was very apathetic and indifferent; showed no spontaneous activity, and responded only in monosyllables; made no effort to care for herself; the corneas and mucous membranes of her throat were again insensitive; she later became mute, and responded very little to sharp pin pricks over the entire body; at times she would get out of bed, wander about the ward with her eyes wide open, staring vacantly into space, and apparently was in a dream-like state; she took very little nourishment, and her nutrition began to show marked evidence of impairment. At times she ran a temperature of 103, and again it would fall to subnormal. There was nothing in her physical condition to account for this except her impaired nutrition. She refused to take any food whatever and it was necessary to tube feed her. She, however, retained very little of this, as by repeated voluntary efforts she would regurgitate almost the entire quantity.

She would lie in bed with her eyes closed and whenever approached would hold herself perfectly rigid and resist every effort made to care

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for her. At times she would jump out of bed, run down the corridor. show great fear, apparently reacting to hallucinations, and ask to be protected.

On April 28th her nutrition had reached a very low grade, and she was in a very emaciated condition. She would often scream at the top of her voice, and at this time began a monotonous reiteration for hours of "No, never; no, never; no time, never;" varying it with "White, white, clean people." Her temperature at this time remained normal and pulse was a fair volume; the corneas were anæsthetic and she showed general sensory anæsthesia. She slept very little at night, continued to retain very little food, although tube fed, and her nutrition still became more impaired.

On May 13th she lay in bed with eyes closed and kept up her monotonous reiteration, both day and night. She kept the whole ward awake, and became very much exhausted. It was necessary to place her under the influence of sulfonal—20 grains—every day, and this controlled her for a period of five or six hours. She continued to pay no attention whatever to questions, lay in bed with her eyes closed, and whenever interfered with held herself perfectly rigid. Whenever tube fed she began to make attempts at regurgitation, and in an hour would succeed in expelling almost the entire quantity.

On May 15th her talk was almost continuous, her heart action was very weak, and it was considered unwise to give her any other sedative except sulfonal. This, however, controlled her for about two or three hours.

On May 18th she was transferred to another ward. The picture she now presented was that of a skeleton, covered by a dry, wrinkled and parchment-like skin. The ingenuity in the line of treatment by the ward physician had reached its limit; all means to quiet the patient and sustain her strength had been exhausted, and unless speedy relief was found a fatal termination appeared imminent. She was retaining practically no food, obtaining no sleep and passing into a condition of great exhaustion.

As a last resort the continuous bath was decided upon, although with little hope of relief, as it was feared its effect might be depressing. She was put into a bath which was kept at a temperature of 98 to 100 degrees and the effect far exceeded expectation. Within one-half hour she stopped her monotonous reiterations, lay quietly in the tub, offered little resistance. The pulse remained of fair volume, and if anything became stronger. She showed no sign of being depressed. Toward evening she was tube fed in the tub, retained the entire quantity, and did not try to regurgitate. Thereafter, it was never again necessary to resort to tube feeding, and with some urging she took sufficient nourishment from the feeding cup.

On the day following she relapsed into repeating her phrases, but hardly opened her lips and little sound issued. She continued this for three days, but slept throughout the night and also at intervals during the day. She took sufficient food from the feeding cup, showed no discomfort in the tub, and her physical condition began to improve.

She remained continuously in the tub 11 days, when she was placed in bed; throughout this time no ill-effect was observed. Three days later she again started her talk, became resistive and it was necessary to again place her in the continuous bath. After two days she was taken out and put to bed, where she remained until July 30th. A part of this time she was indoors, but since July 22d she has been in one of the camps.

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Since being taken out of the continuous bath she has at times muttered her phrases for short periods if the ward got noisy, but not otherwise. Her physical condition has continued to improve slowly; she has gained in weight, is less anæmic and the mucous membranes are of a better color. Since the 30th of July she has been out of bed about the camp, has continued to improve physically, and now weighs 77½ pounds; this is six pounds less than on admission when her weight was 83½.

Her mental condition also has shown improvement. Prior to being placed in the continuous bath, she paid no attention whatever to the visits of her relatives, was resisting and mentally inaccessible. She now takes some interest in her surroundings, converses with her relatives and at times also with nurses. She shows great aversion toward physicians; will not let them touch her or speak to her. She is cleanly and neat, attends to the details of her toilet, no longer requires urging at her meals, but takes her food voluntarily.

Diagnosis: Hysterical insanity.

(Circular letter regarding hydrotherapy sent out February 13, 1905.)

Dear Doctor:

I trust you will accept my apology for imposing upon your valuable time, but if you can find the time to enlighten me regarding the subject of Hydrotherapeutics, I will appreciate the favor.

First: Do you use the hydrotherapeutic treatment of insanity in your hospital?

Second: If you do, kindly inform me to what extent, and the various forms in use.

Third: The results.

Fourth: Do you find any reduction in the use of hypnotics and sedatives?

I will feel much obliged if you will give me your personal opinion regarding this subject, as it is a matter in which I am very much interested.

Anticipating the favor of a reply at your earliest convenience, I am,
Yours very truly,

Superintendent

On February 13, 1905, a circular letter regarding hydrotherapy was sent out as follows:

To United States and Canada.....	45 letters.
To Germany.....	25 letters.
To England.....	12 letters.
	—
Total.....	82 letters.

The following answers were received:

* From United States and Canada.....	35
From England.....	6
From Germany.....	6
Total	47

From the above replies the following statistics have been obtained:

Number using hydrotherapy.....	
Number not using hydrotherapy (of this number 7 intend to institute it).....	
Number using baths and packs.....	

The superintendents and medical directors invariably speak highly of hydrotherapy and its various forms as a hypnotic and eliminative. Where the continuous full bath is used, and especially in the German clinics, without exception, they place this procedure in the foremost rank as a hypnotic. I give brief extracts from a few letters received, which are here, if you elect to read them.

Prof. Nissil, the medical director of the Clinic for Mental Diseases at the University of Heidelberg, states that "since the establishment of the continuous bath in 1903, he has abolished sedatives and hypnotics and no longer allows seclusion." In this clinic, patients have been continuously in the bath for a period of nine months.

Prof. E. Kræplin refers to the seventh edition of his Textbook of Psychiatry of 1904, and to an article in the "Centralblatt für Psychiatrie" of 1901, which speaks of the full bath as an important factor in the treatment of the insane as a hypnotic, sedative and eliminative.

Prof. A. Cramer of the Government University and Polyclinic for Mental and Nervous Diseases, at Gottingen, states that he uses the continuous bath as a form of treatment in cases of disturbed patients.

Prof. Hallmayer of the K. K. Neurological and Psychiatric Institute of the University at Innsbruck, Austria, states that he uses the continuous bath almost to the exclusion of hypnotics and restraints.

Prof. Wernicke of the Directory of the Clinic for Mental and Nervous Diseases of the University at Halle, states that he uses the continuous bath in cases of excitement and anxiety, and also in cases of depression, that its use makes to a large extent hypnotics and sedatives superfluous.

Reports from a large number of public and private hospitals show that the insane in the United States show that hydrotherapy in the form of douches, showers, sprays, packs, etc., have been most extensively used for the past three years, and invariably each medical director speaks in the highest terms of this hypnotic and eliminative treatment. In fact many claim that the severity and duration of the nervous symptoms are lessened.

In no case in this country, however, have I received a report of the use of the full continuous bath, for a duration longer than a few hours. Our experience shows that to get definite and reliable results the bath must be continuous in every sense of the word, and under no circumstances should the patient be removed until the

has been obtained, except in cases of extreme exhaustion and where the bath is to be continued longer than 36 hours, then the patient is to be anointed with lard to prevent the soddening of the skin. Conference of
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As the result of my experience I know of no contra-indication for its use. We have administered baths in cases of advanced pulmonary and cardiac diseases and various physical disorders, and as yet have obtained no depressing effects; although we invariably see a diminution in the blood tension after a number of hours submersion, the circulation appears to accommodate itself, and in the larger number of cases we have treated in the Manhattan State Hospital I have yet to see one serious attack of syncope during the bath. There occurs occasionally an eruption of the skin, which is insignificant and will disappear in a few days after discontinuance of the bath and with proper treatment.

In conclusion, I find it the surest and safest way to modify high arterial tension found in cases of insanity, complicated with leucocytosis. It is a most satisfactory sedative, hypnotic and efficient eliminative agent, which can be diminished or increased by a higher or lower temperature, though it is seldom necessary to use a higher temperature than 100 degrees. As an analgesic it is most efficacious, especially in relieving pain of a paroxysmal character, and has also proved to be of marked benefit in pelvic inflammations. Again, as an antipyretic, we have had most excellent results, especially when using the bath at a temperature of from 98 to 99. In cases where there is marked cutaneous hyperesthesia, which I believe is often the basis of the so-called tactile hallucinations, the prolonged immersion apparently controls this promptly and satisfactorily.

The ease and comfort afforded the patient, the satisfactory way in which disturbed and exhausted patients are cared for, the discontinuance of the use of sedatives and restraint, the freedom from risks of injury to a weak heart, or to the brain in arterio-sclerosis, establish this form of treatment as a most humane and effective way of caring for the insane.

I am indebted to Dr. G. B. Campbell for his valuable assistance and aid in establishing hydrotherapy in this hospital, and the interest and care he has manifested in recording the results of the treatment on his service; also to Drs. Louis C. Pettit and Samuel W. Hamilton for the zeal they have shown in this work.

Dr. Dent: The plant installed with six tubs costs about \$600.

Mr. Chairman: Suggestions for the improvement of the service are now in order. That, I understand, is to cover suggestions which may occur to anyone; it is not a definite paper, but anyone who has any suggestions for the improvement of the service is now at liberty to make them.

Dr. Palmer: I would like to inquire what the experience of the superintendents has been in the matter of the re-parole of patients. It seems to me the present rule is cumbrous. It requires both the patient and his custodian to write to the superintendent requesting an extension. Then the superintendent must write the Commission enclosing their letters. The Commission then writes the superintendent and he in turn the patient or custodian.

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Dr. Wagner: I would like to say that as regards my own experience that I have in three or four instances notified the patients' friends, where patients were on parole, that they might secure an extension of the parole without returning the patient to the hospital by availing themselves of this privilege of communicating with the Commission. If my memory serves me correctly, in no instance have the friends availed themselves of this privilege. Our rule is to say to nearly all patients that we prefer to have them return to the hospital. Very few know anything about the possibility of appealing to the Commission, and it seems to me so much more satisfactory to have the patient return to the hospital for examination by the hospital staff or members of the staff, that I would rather that they would not know of this possibility of appealing to the Commission and having the parole extended in that way. The older method of having them return to the hospital, therefore, is the one that practically prevails with us.

Mr. Chairman: I think that Dr. Wagner misinterprets the rule. The rule is not for the patient to apply to the Commission, but for the superintendent to apply to the Commission, and then the superintendent receives authority from the Commission to extend it for another 30 days. The patients have nothing to do with it whatever; when the superintendent from his knowledge of the patient, or from communicating with his friends, etc., feels that it is desirable to extend the parole another 30 days, he communicates with the Commission and receives authority for so doing, thus putting himself in the position of not disobeying the law.

Dr. Elliott: The patient must sign an application for extension of the parole principally for this purpose. It is sent to the patient for signature, then signed by the superintendent as approving, and then it is forwarded to the Commission. We do not encourage it, but we have perhaps had half a dozen cases where the parole has been extended in accordance with the rule laid down by the Commission.

Dr. Ashley: I think the Commission's rule is that not only the patient shall sign the application for the extension of parole, but that the individual in whose custody the patient was paroled shall also sign it. Then the application shall be agreed to and signed by the superintendent, and then forwarded to the Commission for its approval. I believe that we have had half a dozen patients on parole whose parole has been extended in this way since the rule has been in force.

Mr. Chairman: But the patient has no direct communication with the Commission, all correspondence is done through the superintendent.

Dr. Howard: A practical way, to be fair to every paroled patient and to the relatives of the paroled patient in this matter, is to have this regulation printed on the back of the parole blank, the old parole blank, and then the hospital keep one copy and the person taking the patient keep the other copy. Blanks of that character are printed now for some of the hospitals, and then if the family and patient choose to avail themselves of this regulation they are able to

do so. Although at first I supposed that very few patients would be willing to sign this request, I have to confess that in at least 10 instances patients have availed themselves of it. We have received the requests, approved of them and forwarded them to the Commission, and in each instance they have been returned by the Commission with the paroled term extended. Now, gentlemen, it is fair to consider that we have no legal right whatever to deprive a patient of his liberty after that 30 days has expired, except under some very stringent and well thought of plans, if at all. When a patient has been away from the hospital for over 30 days on one of those parole discharges, and the patient is brought back to the hospital against his will and held in custody, I do not believe there is a shadow of doubt but that any court in the State will discharge that patient as being illegally held in custody, if the matter should come up for adjudication. The law is very distinct, and says we may parole for 30 days under rules and directions of the Commission; it does not say for 60 days or 90 days, and it is not the intention of the law that there should be held over a human being the right to deprive him of his liberty after a more prolonged absence from the hospital than 30 days, except upon being re-examined and re-committed by the court. If we do that thing, we ought certainly to take considerable formality, and then realize that we are holding ourselves open to the charge of illegal detention of a patient.

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Mr. Chairman: Does anybody recall the wording of the Insanity law in regard to the parole of patients?

Dr. Howard: Patients may be paroled for 30 days under the general conditions prescribed by the Commission.

Dr. Wagner: I dislike to differ from Dr. Howard, but it seems to me that he is entirely wrong in his contention. If we can not take the patient back legally, and hold the patient when brought back in 29 days, for instance, then we can not parole a patient for 30 minutes. The parole would act as a discharge whether it was 30 days, 29 days or 27 days, and so on down to 27 minutes. When that patient has been paroled for not to exceed 30 days, and is brought back in 28 or 29 days and is again in the hospital, I believe he is just as much a patient in the hospital as if he had never been out of the hospital at all, and a new parole may be granted him for 30 days more in precisely the same manner as if no parole had ever been previously granted.

Dr. Howard: That is really a different procedure entirely if the patient is brought back.

Dr. Wagner: Then I do not disagree with Dr. Howard; I misunderstood him.

Mr. Chairman: I understand that this matter is now being considered by the legal member of the Commission.

Dr. Elliott: I think under the law we are compelled to discharge a patient if at the end of the 30 days he has not returned to the hospital.

Dr. Wagner: While we are discussing legal questions, I would like to call the attention of the meeting to a case that is new to me, but may not be new to others. A patient who was brought to us not long

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ago was apparently insane in May, and a petition was made for the papers necessary for commitment. The doctors examined the patient about the 28th of May. Then the judge took a hand, and it was two months before the judge finally decided to issue the order of commitment. Our attorney, and, I believe, the legal member of the Commission held that the commitment was legal notwithstanding the fact that the order was dated fully two months after the doctors had examined the patient, the claim being that the judge had the right to institute such proceedings as he thought necessary to protect himself that the patient was actually insane; but it seems to me that this defeats the cardinal principle of the law, which is to protect the rights of the patient. Suppose the judge took a year from the time the doctors had declared the patient insane, or two years, or three years, the limit? I merely mention this as a matter of interest, and I am glad to know whether any of the other superintendents have had an experience where an order of commitment was made, two months more or less, after the medical examination of the patient.

Dr. Hurd: We have had a similar case. The judge's order was extended beyond the time allowed ordinarily for the patient to be admitted after the judge's order. I suggested to the judge that this might invalidate the paper. It is my recollection that at the next hearing was over he made out a new commitment, stating, however, that he believed that the hearing was a part of the general proceeding of commitment, and was a continuing action and kept the original commitment papers until a reasonable time should elapse to satisfy himself as to the patient's mental condition.

Dr. Wagner: But the law says the order shall be dated not more than 10 days after the certificate, which shall be the date on which the physicians examined the patient.

Mr. Chairman: When we were conducting the examination at Ward's Island that very question arose in regard to one of Dr. Dent's patients where there had been an inquiry which had extended for three to four months, and the original paper was sent up with a date of two or three months, I believe, prior to the date of the commission, and I do not know what the decision was. Do you recall the doctor?

Dr. Dent: I can not recall the case.

Mr. Chairman: You were not at home at the time, but Dr. Dent asked me about it, and I told him that he ought to call up the judge and get the judge's ruling in regard to the matter.

Dr. Dent: We are so fortunately situated that if any question of that kind arises we simply refuse to take the patient and it is no hardship because he is kept in Bellevue. We ask them to bring the commitment papers prior to the reception of the patient.

Dr. Wagner: I would like to ask another question, whether any of the superintendents have had this experience. A paper was brought to me a few days ago in which the petition was signed by the patient himself.

Dr. Dent: My construction of the matter would be that I do not think the patient could be the petitioner in his own behalf.

Dr. Hutchings: It is not included in the law which states that a Conference of State hospital superintendents petition may be made by the father, mother, wife, child, superintendent of the poor, or person in whose house he may be.

Dr. Wagner: Supposing he is in his own house? In this case we sent the paper back to Judge Sewell, of the supreme court, or laid it before him, as he was holding court in town, and he said that that was all right as the patient was in his own house, and, therefore, he was in the house of the petitioner, and he held that that was all right, much to our surprise.

Mr. Chairman: If there is no further discussion a motion to adjourn until afternoon is in order.

On motion of Dr. Macy a recess was taken until 2 p. m.

Conference was resumed at 2 p. m. Dr. Pilgrim in the chair.

Mr. Chairman: Dr. Mabon has been unavoidably detained and has requested me to go on with the meeting. The next thing in order is the discussion of Dr. Hutchings' paper. I believe that I was designated to open the discussion, but unfortunately I did not have the advantage of seeing the paper before it was presented at this meeting, and I also happened to be out while the doctor was reading the greater part of it, so I am a little at a loss as to what to say. I do not think I can discuss the paper, but will just make a few suggestions in regard to the treatment of the insane that have occurred to me.

Prophylactic measures are the most important of all. General practitioners are the ones who see cases of insanity in their incipency, and it goes without saying that all physicians should be properly instructed as to the causes and management of such cases. Prophylaxis would, of course, include advice that all who show signs of mental aberration should not marry and this would include all defectives.

Medicinal therapy: There appears to be no specific drugs of use in mental alienation, except perhaps mercury and iodides in some of the milder mental disturbances depending on syphilis, or in the use of quinine in cutting short some of the acute delirious conditions connected with malaria. Opium continues to be administered in various forms to lessen pain and to quiet certain excited patients. The Flechsic use of opium has not proven of any great value in our hands. Morphine is sometimes substituted for opium, especially in subacute injections. Hyoscine is considered of service not only in acute forms of excitement, but especially in cases of morphine and opium habitues. It has been used in this hospital in the treatment of the opium and morphine habit quite extensively and we think it is of much value. We give it by the mouth, $\frac{1}{16}$ of a grain every two to four hours, gradually cutting the doses down to three times a day. We frequently combine this with strychnia.

We have had no experience with *scopolamin*, but it is said to be of considerable use in acute stormy delirious conditions.

Veronal has been of considerable use to us, given in doses of five to 15 grains, p. r. n. We generally give it with water or tea, but usually with milk as it seems to act more quickly and does not seem to have any after-effects. The only unpleasant after-effect reported in its

use at this hospital was in the case of an attendant. The patient which this person suffered was relieved and she fell into a sleep after awakening she complained of feeling tired and said that she dreamed of working hard. We have not experienced any nausea, vomiting or any unpleasant feelings in the head with any patients. This drug, combined with trional, five grains of each, to work very well. Veronal seems to be of some special use in cases of involutional melancholia where there is extreme anxiety with apprehension and perplexity. I do not know that there is anything to add concerning the use of trional or sulfonal.

Paraldehyde is used with us more especially in acute alcoholic conditions, and particularly where there are delirious conditions.

Saline infusions have been used as indicated, with benefit. We very frequently use saline injections per the rectum with good benefit.

Lumbar puncture has been practiced in this hospital to some extent, but only for diagnostic purposes. In two or three cases of general paretics, in convulsions, 10 to 15 c. c. of spinal fluid has been withdrawn and the convulsions would be lessened, but after a few hours their severity would return. We have at no time injected medicines into the spinal cord by means of the lumbar puncture.

Mental treatment.—Suggestion: Hypnotism has been of value in some instances, but is not of great use in this class of people. The attitude of the physician toward the patient is often of very great value. There should be plenty of room, light and ventilation, diversions of all kinds. Isolation is indicated only in cases of acute excitement or very profound mental depression. *Diet* is of the most essential things to be considered. Electricity is not of much value, but in milder forms of depression, neurasthenia, hypochondriasis, it may be used with some benefit. It has been used in this hospital in some cases of acute hallucinosis of alcoholic origin and has apparently been of value.

Hydrotherapy is practically of more use at the present time than treatment of the insane than any other remedy. As Dr. Deane has gone over this subject so thoroughly it is unnecessary to go into it now.

Massage is a very important adjunct and is found of much use in cases of pycasthemia, neurasthenia, periods of depression and during convalescence.

Gymnastic exercises are also of use, such as the Swedish and other man movements, and they are employed to advantage in many cases. Calisthenics, etc., are also very good.

Mr. Chairman: I do not know of anything else that I can say. The paper is now open for discussion by the other members.

Dr. Hurd: I would say that we have had very good results with veronal. The use of hypnotics, of course, is not very extensive nowadays, but occasionally when we find warm baths, hot milk, etc., not effective, we have found very good satisfaction from the use of small doses of veronal, and have never seen any bad effects from

It is one of the newer remedies that seem to be of real permanent value.

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Mr. Chairman: There appearing to be no further discussion of this paper, the next thing on the program is the discussion of Dr. Dent's paper on "Hydrotherapy," the discussion to be opened by Dr. Palmer.

Dr. Palmer: I listened with considerable interest to Dr. Dent's paper. I think hydrotherapy is conceded by all to have a definite place in the treatment of nervous and mental ailments. In the State hospitals it is certainly true that in a large measure baths of various kinds are largely replacing sedatives. I have had no experience with the continued bath as outlined by Dr. Dent. That particular procedure requires a special arrangement as you have seen by the plans which Dr. Dent has exhibited. My own experience has been largely confined to the spray, either hot or cold, the full bath and the pack. I find that in disturbed cases the cold pack, from 60 to 70 degrees, is quite useful in quieting motor excitement, restlessness, and wakefulness. The patient wrapped in a sheet wrung out of water at 70 and then surrounded by a heavy blanket for from one to three hours will usually become quiet and frequently will drop off to sleep. In this way we have the desired result without the use of drugs which may possibly affect the heart or upset digestion. The application of cold water affects the nervous system, the respiration, and the circulation. Baruch, in his handbook on hydrotherapy, says that it is a difficult thing to teach physicians at large that there is something more in the application of water, particularly in fevers, than the reduction of temperature; that there is a tonic and sedative effect, according as cold, warm or hot water is used. For a sedative effect it is customary to give baths varying in temperature from 90 to 105. For a tonic effect the cold shower, douche, or cold pack may be employed, usually for brief periods of time. Cold water has a decided effect upon the composition and the circulation of the blood. The number of the red corpuscles may be increased as much as 1,000,000 to a cubic centimetre, and the white corpuscles from 10,000 to 14,000. This marked increase is in a great measure temporary, but there is also a permanent increase.

As a stimulant to respiration the effect of cold water applications is known to all. Take a cold shower for instance and note the deep gasping respiration which results from the impact of the water on the surface of the body.

In the continuous bath it is necessary to keep the body well anointed with tallow or some other emollient to prevent hardening and wrinkling of the skin.

In carrying out hydrotherapeutic measures it is necessary in order to obtain the best results to have special arrangements, although much can be accomplished in the ordinary bathroom.

In hydrotherapy we certainly have a valuable means of treatment in many cases of insanity and nervous disease.

Dr. Hutchings: We have employed the continuous bath at Ogdensburg to a considerable extent, although we have had no special

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apparatus for that purpose, and have had to contend with difficulties of changing the water by means of pails, and in improving supports for the patient in the tub. We have not been able to keep our temperature as well regulated as would be desirable, but, nevertheless, we have had some very good results from it, and are encouraged to continue and improve our facilities for providing it. I recall one case of an agitated man of 50 years of age who was kept in the bath for about three months, however, discontinued at night and putting him to bed. He was very difficult to care in the beginning, being resistive, would not remain in bed, but remained in the bath very contentedly almost from the very first day, and at the end of the period I mention he was so much improved that he could be cared for very well. We have had one case of syncope occurring during the bath, which Dr. Dent says he had not seen. This was a strong young woman in whose case the bath was given to replace seclusion during her periodical attacks of excitement with destructive tendencies. It was a warm day, and the bath was at a temperature of 100. Her face was quite flushed, and she complained a good deal of the heat, and suddenly her head dropped over and the nurse who was by her saw that she had fainted. She was taken out for a little while, but was put back with the temperature of the bath reduced to 96, after which there was no further trouble. She did not complain again, and the effect on her excitement was better. In one case we reduced the temperature to 86 at the request of the patient, who complained of a higher temperature, and even at that comparatively low temperature we were very well pleased with the result of the treatment. My opinion is that this is a very useful method of dealing with such cases as Dr. Dent has mentioned, and I am firmly convinced that we should provide in our institutions facilities for employing this treatment in a considerable number of cases, not only in the treatment of the acute and curable forms of insanity, but to quiet the restlessness and excitement in involution cases and in many of the more chronic patients.

Dr. Meyer: The question of prolonged bath treatment has been of considerable interest to me for years, because I was practically brought up to believe that that was the only way of properly dealing with forms of agitation and excitement. Under the influence of Gudden, who as you know was killed in the Staremberg by his patient, the king of Bavaria, there were installed at the hospital at Zurich a number of bath-tubs, and these used to be provided with a wooden cover; they used to be called the covered bath in distinction from the ordinary bath. The cover had a small opening for the head, and in the main showed the residuals of the period when it was thought that material forces were better than the live ones; I mean the strength of wood was better than the strength of nursing. During the time that I studied in Zurich that bath was still in use with very excited cases, but the cover was usually removed, and in 1896, when I was at the clinic of Kræpelin at Homburg, the cover had disappeared completely, and we saw the

small ward of, I think, four baths. I have often heard it said that in this country this would not do, certainly not for women patients. I remember especially the remarks of Dr. Peterson, who had once visited the clinic of Kræpelin, and said that when the men physicians entered the bathroom, they faced a sight which would not be tolerated here. I have seen that bathroom so often, daily for a long time, that I could imagine that probably, occasionally, through the carelessness of the attendant or the carelessness of the staff in entering the room, no special provision was taken to attend to the decencies which are fortunately very much thought of here and well heeded. At any rate, I could not see how there would be any chance under good management to have anything objectionable occur in the matter. I was very glad when Dr. Campbell some years ago took up that work in his admission wards on Ward's Island, and I saw in it a great advantage for an important practical reason, and one which I think is going to influence the arrangement or installment of hydrotherapeutic plants in hospitals. There had been under the influence of Dr. Baruch, a wave of introducing very efficient mechanical contrivances, but usually in the basement of the hospital out of the way of the wards, in a place where the patient had to be taken down steps, usually through other wards, and that was done because it really was thought necessary to have a rather ingenious mechanical outfit. With the present plan something is being introduced which can be had on any ward and on the ward in which it is most needed. I never could take any fancy to this distant hydrotherapeutic department. It looked to me like some of our old fashioned treatment rooms, some things that were much too difficult to manage, too remote from the ward, and consequently bound to drop into neglect after a while. With this plan we have a means of putting a few bath tubs into those wards which need them most. Then when a patient becomes excited you need not pull him with an attendant through a number of other wards to get to the place where he ought to get treatment. The patient remains under the same nurses and the whole has much more the appearance of that which appeals to me, namely, that of therapeutics rather than that of a method of self-defence on the part of attendants who want to get the patient off on another division. I think that Dr. Dent deserves a great deal of credit for having initiated the installment of groups of bath-tubs on wards where they are specially needed. I think all the hospitals will gradually learn to see the benefit, and supplement their hydrotherapeutic installment, if they have already one, and probably find that the ward attachment is going to be the more important thing, and that the other is something which does very well in the care of patients having neurasthenia or other neuroses where the patient practically is under a regime similar to voluntary sanitarium treatment. But that for the most urgent needs and those needs where baths really are of the most immediate value the ward attachment is going to be the thing.

Mr. Chairman: I think we all agree with Dr. Meyer that the great need at the present time is the ward bathroom where the patients

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can be brought without being taken off the wards. I do not think anybody would suggest the establishment of a Baruch outfit for the treatment of such cases, but I do believe that the Baruch outfit is a very important thing in treating neurasthenics, alcoholics and patients who are on the road to recovery, convalescents, they still need a little stimulation, and I believe that in those cases the outfit in the basements which you speak of is very new and very valuable; but in regard to prolonged baths of course we all know that there is nothing new about them. I can remember as far back as 1885 seeing them in use in Europe, especially in the treatment of burns and in use in the general hospitals, and in the skin diseases and I think that very nearly as long as that they have been in use in Germany for mental disturbance. I think it is a very valuable means of treatment and I am glad to see that Dr. Dent is doing such good work, and I think it will encourage us all to follow in his footsteps.

Dr. Hurd: We are about to install a more extended hydrotherapeutic outfit with us, and I am very glad indeed to hear Dr. Dent speak as he has in the matter of location. I was opposed to putting it in a distant part of the building or in the basement, and I had a representative of the company furnishing the apparatus come to the hospital familiar with the plans, visit the hospital and he was able to show the location in the large bathroom adjoining the general ward, and we think the apparatus will be used freely and constantly, and I am sure it would not be were it down two flights of stairs in the basement. I believe that this must be at hand and convenient for use whenever indicated, in order to get the best results. Regarding Dr. Pilgrim's remark as to the fact that hydrotherapy has been in use for so long a time, I would say that prolonged hot baths were given in 1885, when I went to Buffalo, with most beneficial results, but without the outfit or apparatus we have now. I also recall that I was a student in Vienna soon after the time of which Dr. Pilgrim refers, and that Professor Kaposi in Vienna was then treating extensively burns by prolonged baths, and that led me to one question which I would like to ask Dr. Dent in connection with this and that is: What his experience has been as to metabolism and blood corpuscle reformation in cases of prolonged baths. The impression of the skin clinic in Vienna was that many of the patients who had been in the baths for weeks showed a very marked improvement of anemia.

Dr. Dent: In conclusion I would like to take a mild issue with Dr. Meyer about the bath tubs being scattered all over the hospital. It has been my experience that if we can arrange this treatment, hydrotherapy, and centralize it somewhere, and have something like a hospital ward, the psychopathic ward you might term it if you choose, for the treatment and care of the disturbed and send these patients to this ward for treatment, it is much better than having them in several wards about the hospital. In this sense it is an economy for the reason that you have a full staff of attendants there, ready to receive and care for a transfer.

any portion of the hospital; it will give the most satisfactory results, at least this has been our experience. Thus far we have had only a few tubs in the institution. Very frequently it is necessary to have two attendants care for them during the day and perhaps two at night; it may be that it will not be necessary to have but one during the day and one at night, but it is necessary that an attendant be constantly in attendance to watch and care for these patients. If it be centralized it will not be necessary to have so many attendants. As to the question Dr. Hurd asked, that matter was gone into in detail in the cases mentioned in my paper, but which I did not think necessary to read on account of the consumption of time. Tonometer tests are taken frequently. A good deal is said about soddening of the skin. I think we give it undue importance. If you intend to keep a patient longer than 36 hours in the tub, it is well to anoint him at the expiration of 36, then use lard or an emulsion of linseed oil. We had one case four days in succession without anointing, and there was a little anemia of the skin and maceration of the soles of the feet and hands. There was a little hardening and some peeling of the skin, but it practically amounts to nothing at all, anointing will remedy. The question of using a tub need not be a stumbling block; any ordinary bath tub will suffice. We began with an ordinary bath tub, and let the water run through the faucets. It is satisfactory if you could keep a constant temperature, but you can not keep the temperature within two degrees. I think this is quite essential. A great many may make objection because with the tub it is hard to get rid of the excrement, etc., but we have a drain which will overcome it in a measure, because there is an outlet as you will observe below the water and below the overflow, and by turning the valve you get a swift flow.

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Mr. Chairman: The next in order is the report of the committee on topics.

Dr. Hurd: The program for the next meeting is as follows:

1. Treatment of the Chronic Disturbed Insane, by Dr. Ashley. Discussion by Dr. Macy.
2. The application of the Cottage System in New Hospitals for the Insane, by Dr. G. A. Smith. Discussion by Dr. Elliott.
3. Suggestions as to Improvement in Methods of Treatment.

For the second meeting:

1. A paper by Dr. Meyer on a subject to be announced by him later.
2. A Report on the Methods, Progress and Results of the New Tuberculosis Hospital in Connection with the Binghamton State Hospital, by Dr. Wagner.

On motion of Dr. Wagner, adjourned.

CARROLL F. SMITH

Secretary of the Conference

STATE APPROPRIATIONS FOR BUILDINGS AND MAINTENANCE

ions. The Commission presents in the pages following a résumé of appropriations made by the state since 1836, during which the first provision for the improved care of the insane was made by the act appropriating \$60,000 for the purchase of a site, and the commencement of construction of the State Lunatic Asylum at Utica. Persons familiar with the epoch-making legislation of 1836, 1839, 1840, 1841, 1842, 1843, 1844, 1846, 1847, 1848 and 1849, whereby the provisions of state care of the insane were carried to completion, need no explanation of the extraordinary increase in appropriations during the past 15 years. The increase is apparent rather than real, so far as the taxpayers of the state are concerned, inasmuch as they are now free from the onerous system of local taxation, under which the expenditures required for repairs to buildings and maintenance were formerly met.

STATE LUNATIC ASYLUM—UTICA (UTICA STATE HOSPITAL)

1836	Site and erection.....	\$60,000
1839	Buildings.....	75,000
1840	Buildings.....	75,000
1841	Buildings.....	75,000
1842	Salaries.....	5,500
1843	Buildings.....	10,500
	Incidental expenses.....	5,600
1844	Buildings.....	35,000
	Incidental expenses.....	25,000
	Purchase of land.....	1,200
	Furniture.....	2,000
	Improvement and fencing grounds.....	800
1846	Buildings.....	17,000
	Supply of water.....	5,000
	Furniture.....	15,000
	Incidental expenses.....	3,000
1847	Salaries.....	4,400
	Insane convicts.....	3,000
1848	Insane convicts.....	3,000
	Insane convicts.....	2,000
	Salaries of officers.....	4,800
	Lighting asylum.....	5,000
1849	Salaries of officers.....	4,800
	Insane convicts.....	3,000

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1850	Furniture.....	\$5,000 00	Appropriations
	Salaries of officers.....	5,400 00	
	Insane convicts.....	3,000 00	
	Purchase of Brigham library.....	1,500 00	
1852	Salaries of officers.....	5,550 00	
	Insane convicts.....	3,000 00	
	Repairs.....	28,000 00	
	Improvement of grounds.....	2,000 00	
1853	Salaries of officers.....	5,500 00	
	Insane convicts.....	3,000 00	
	Repairs.....	20,000 00	
	Support of Mark Jack, insane Indian.....	150 00	
1854	Salaries of officers.....	6,000 00	
	Insane convicts.....	3,500 00	
	Support of Mark Jack.....	300 00	
1855	Refunding amount.....	31,494 32	
	Pipes and fixtures.....	6,144 00	
	Salaries of officers.....	6,000 00	
	Insane convicts.....	250 00	
	Insane convicts.....	3,500 00	
	Support of Mark Jack.....	175 00	
1857	Salaries of officers.....	6,500 00	
	Insane convicts.....	6,200 00	
	Support of Mark Jack.....	200 00	
	Payment of interest.....	1,900 00	
	Repairs, etc.....	58,000 00	
1858	Reconstruction and repairs.....	68,742 00	
	Salaries of officers.....	6,500 00	
	Support of Mark Jack.....	200 00	
	Insane convicts.....	3,500 00	
1859	Salaries of officers.....	5,500 00	
	Support of Mark Jack.....	200 00	
	Increase of salary of superintendent.....	375 00	
	Samuel Boon's services.....	77 71	
1860	Salaries of officers.....	7,000 00	
	Support of Mark Jack.....	200 00	
	Land.....	10,880 00	
	Salaries of second and third assistant physi- cians.....	1,400 00	
1861	Salaries of officers.....	7,500 00	
	Deficiency in salaries.....	350 00	
	Support of Mark Jack.....	200 00	

appropriations	1861	Insane convicts.....	\$1,961 98
		Insane convicts.....	4,000 00
		Repairs.....	3,885 52
	1862	Support of Mark Jack.....	200 00
		Salaries of officers.....	7,500 00
		Female insane convicts.....	750 00
		Female insane convicts.....	600 00
	1863	Salaries of officers.....	7,500 00
		Support of Mark Jack.....	200 00
		Support of insane female convicts.....	600 00
	1864	Necessary expenditures.....	10,000 00
		Salaries of officers.....	8,000 00
		Additional help.....	500 00
		Support of Mark Jack.....	200 00
		Insane female convicts.....	600 00
	1865	Salaries of officers.....	8,000 00
		Support of Mark Jack.....	200 00
		Maintenance.....	10,000 00
		Insane female convicts.....	1,000 00
	1866	Salaries of officers.....	8,000 00
		Support of Mark Jack.....	200 00
		Repairs.....	10,000 00
		Officers' salaries.....	2,000 00
		Salary for Sarah H. Starr.....	400 00
		Support of insane female convicts.....	600 00
	1867	Repairs.....	5,000 00
		Water expense.....	1,500 00
		Insane female convicts.....	600 00
		Maintenance.....	10,000 00
		Support of Mark Jack.....	200 00
		Salaries of officers.....	10,000 00
	1868	Supply of water.....	10,000 00
		Support of Mark Jack.....	250 00
		Salaries of officers.....	10,000 00
		Insane female convicts.....	600 00
	1869	To supply deficiencies.....	30,000 00
		Support of Mark Jack.....	250 00
		Salaries of officers.....	10,000 00
		Supply of water.....	6,332 00
		Insane female convicts.....	600 00
	1870	Maintenance of insane convicts.....	850 00
		Water supply, sewer, etc.....	18,861 02

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1870	Improvements and repairs.....	\$30,000 00	Appropriations
	Salaries of officers.....	11,000 00	
1871	Improvements and repairs.....	52,976 00	
	Maintenance of insane convicts.....	850 00	
	Salaries of officers.....	11,000 00	
1872	Maintenance of insane convicts.....	850 00	
	Additions and repairs.....	52,929 60	
	Salaries of officers.....	11,000 00	
1873	Additions and repairs.....	34,192 78	
	Salaries of officers.....	15,000 00	
1874	Improvements, furnishing accommodations for 15 additional patients.....	16,358 17	
	Other improvements.....	17,645 75	
	Salaries of officers.....	15,000 00	
1875	Additions and improvements.....	50,277 47	
	Salaries of officers.....	15,000 00	
1876	Additions and improvements.....	25,809 88	
	Salaries of officers.....	15,000 00	
1877	Additions and improvements.....	36,058 89	
	Salaries of officers.....	15,000 00	
1878	Additions and improvements.....	55,634 14	
	Salaries of officers.....	15,000 00	
1879	Salaries of officers.....	15,000 00	
1880	Salaries of officers.....	15,000 00	
1881	Salaries of officers.....	15,000 00	
1882	Salaries of officers.....	15,000 00	
1883	Additions and improvements.....	27,524 08	
	Salaries of officers.....	15,000 00	
1884	Salaries of officers.....	15,000 00	
1885	Additions and improvements.....	44,304 90	
	Water supply.....	5,000 06	
	Salaries of officers.....	15,000 00	
1886	Additions and improvements.....	18,032 90	
	Additions and improvements.....	29,130 00	
	Water supply.....	7,000 00	
	Salaries of officers.....	15,000 00	
1887	Additions and improvements.....	51,054 29	
	Salaries of officers.....	15,000 00	
1888	Additions and improvements.....	34,000 00	
	Salaries of officers.....	15,000 00	
1889	Additions and improvements.....	19,000 00	
	Salaries of officers.....	15,000 00	

Appropriations	1890	Additions and improvements.....	\$35,250 00
		Salaries of officers.....	15,000 00
	1891	Additions and improvements.....	16,720 00
		Salaries of officers.....	15,000 00
	1892	Rearranging dining rooms, providing dormi- tory room for 80 patients.....	8,000 00
		Repairs, additions and improvements.....	23,755 00
		Salaries of officers, including woman phy- sician.....	16,200 00
	1893	Purchase of additional land.....	2,000 00
		Buildings and equipment.....	12,639 25
		New walks, road improvements, etc.....	2,050 00
		Repairs and renewals.....	5,200 00
	1894	No special legislative appropriations asked for.	

RECAPITULATION

Salaries.....	\$488,275 00
Maintenance.....	75,714 69
Buildings, repairs and im- provements.....	1,451,882 02

Total..... **\$2,015,871 71**

WILLARD ASYLUM FOR THE INSANE

1865	Erection.....	\$75,000 00
1866	Maintenance.....	50,000 00
1867	Erection.....	100,000 00
	Maintenance and salaries.....	14,300 00
1868	Construction of buildings.....	75,000 00
1869	Completion of buildings.....	45,000 00
	Building and farm expenses.....	52,500 00
	Reappropriation.....	14,300 00
1870	Indebtedness for furniture, etc.....	49,250 00
	Completion of buildings, etc.....	111,000 00
	Furniture and maintenance, 240 patients.....	25,000 00
	Salaries of officers.....	7,000 00
1871	Buildings and contingent expenses.....	170,500 00
	Support and maintenance.....	20,000 00
	Salaries of officers.....	8,000 00

Buildings and equipment.....	\$131,000 00
Salaries of officers.....	9,000 00
Improvements.....	60,000 00
Salaries of officers.....	10,500 00
Buildings and improvements.....	140,000 00
Salaries of officers.....	10,500 00
Water, gas, steam-pipes, etc.....	56,000 00
Salaries of officers.....	10,500 00
Improvements.....	30,000 00
New buildings.....	70,000 00
Salaries of officers.....	10,500 00
Improvements, land, etc.....	94,878 00
Salaries of officers.....	11,500 00
Improvements.....	53,000 00
Salaries of officers.....	11,850 00
Buildings for 250 female patients.....	100,000 00
Salaries of officers.....	11,850 00
Salaries of officers.....	11,850 00
Salaries of officers.....	11,850 00
Improvements.....	13,800 00
Salaries of officers.....	11,850 00
Salaries of officers.....	11,850 00
Salaries of officers.....	13,500 00
Repairs and improvements.....	11,746 00
Salaries of officers.....	13,500 00
Improvement of building for care of 225 women patients.....	33,000 00
Infirmery, capacity of 150 patients.....	37,000 00
Salaries of officers.....	13,500 00
Salaries of officers.....	14,700 00
Two infirmaries, 400 patients, etc.....	29,600 00
Other improvements.....	13,775 00
Salaries of officers.....	14,700 00
Improvements.....	30,000 00
Salaries of officers.....	14,700 00
Improvements.....	25,000 00
Salaries of officers.....	14,700 00
Improvements.....	37,700 00
Salaries of officers.....	16,900 00
Salaries of officers.....	16,900 00
Equipment.....	28,950 00
Repairs.....	4,400 00

done 1894	Furniture and equipment.....	\$4,300
	Repairs, renewals and improvements.....	18,500
	Employment of clergymen.....	1,000

RECAPITULATION

Salaries.....	\$281,700 00
Maintenance.....	84,300 00
Buildings, repairs and im- provements.....	1,741,199 00

Total..... \$2,107,199

HUDSON RIVER HOSPITAL FOR INSANE

1867	Salaries of officers.....	\$4,500
	Erection.....	100,000
	Commissioners of location.....	2,000
	Plot of ground.....	5,000
1868	Salaries of officers.....	4,000
	Construction, etc.....	100,000
1869	Erection of buildings.....	100,000
	Water-works and sewers.....	25,000
	Commissioners of location.....	1,000
	Salaries of officers.....	4,000
1870	Indebtedness on buildings (Laws of 1870)....	88,625
	Buildings, etc., and maintenance of patients for six months.....	250,000
	Salaries of officers.....	8,000
1871	Buildings, etc., and maintenance of patients for six months.....	250,000
	Furniture and repairs.....	13,000
	Salaries of officers.....	8,000
1872	Salaries of officers.....	8,000
1873	Deficiency and completion of buildings.....	200,000
	Salaries of officers.....	8,000
1874	Erection of fourth block.....	140,000
	Salaries of officers.....	8,000
1875	Finishing new section, etc.....	45,000
	Furnishing for 200 additional patients.....	5,000
	Salaries of officers.....	8,000
1876	Salaries of officers.....	8,000

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Equipment.....	\$23,450
Center building.....	50,000
Salaries of officers.....	9,500
Center building and equipment.....	85,000
Salaries of officers.....	8,000
Equipment and maintenance.....	50,000
Salaries of officers.....	8,000
Maintenance.....	15,000
Salaries of officers.....	8,000
Salaries of officers.....	8,000
Renewals and repairs.....	8,000
Patients' occupation fund.....	1,250
Deficiencies in maintenance.....	27,011
Salaries of officers.....	9,500
Renewals and repairs.....	3,000
Patients' occupation fund.....	1,250
Salaries of officers.....	9,500
Salaries of officers.....	9,500
Renewals and repairs.....	18,600
Salaries of officers.....	11,750
Additional buildings, capacity for 500 insane, total cost not to exceed \$125,000.....	75,000
Miscellaneous expenses and repairs.....	32,150
Patients' occupation fund.....	1,250
Salaries of officers.....	13,500
Improvements, etc.....	125,000
Completion of buildings.....	50,000
Furniture, repairs, etc.....	15,000
Patients' occupation fund.....	1,250
Salaries of officers.....	13,500
Renewals and repairs.....	18,000
Additional land.....	25,000
Deficiency, new buildings.....	39,000
Salaries of officers.....	13,500
Furnishing new building.....	30,000
Maintenance, advances.....	28,000
Farm improvements, etc.....	10,000
Renewals and repairs.....	26,400
New roads and improvements.....	63,000
Salaries of officers.....	13,500
Renewals and repairs.....	17,800
Salaries of officers.....	13,500

appropriations	1891	Renewals and repairs.....	\$6,000 00
		Furniture and improvements.....	8,000 00
		Fitting building for occupancy of 50 women patients.....	3,000 00
		Deficiency in maintenance.....	20,000 00
		Salaries of officers.....	16,500 00
	1892	For additional water supply.....	30,000 00
		Deficiency in maintenance.....	45,000 00
		For repairs and alterations.....	11,500 00
		For salaries of officers.....	16,500 00
		For purchase of 69 acres of land.....	6,500 00
	1893	Repairs, renewals and improvements.....	25,515 00
		Furniture and equipment.....	22,264 00
		Purchase land, roadmaking and implements..	3,000 00
	1894	Repairs, renewals and improvements.....	22,400 00
		Furniture and equipment.....	26,100 00
		Sewerage system.....	20,000 00
		Rental of land.....	375 00
		Roads and walks.....	2,000 00

RECAPITULATION

Salaries.....	\$250,750 00
Maintenance.....	135,011 46
Buildings, repairs and im- provements	2,280,675 46

Total.....	\$2,666,436 92
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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

1870	Buildings.....	\$150,000 00
1872	Furniture.....	10,000 00
1873	Buildings.....	150,000 00
1874	Completing building.....	70,141 00
	Improvements and supplies.....	36,000 00
	Salaries of officers.....	5,000 00
1875	Buildings and improvements.....	107,300 00
	Maintenance.....	10,000 00
	Salaries of officers.....	5,000 00
1876	Salaries of officers.....	8,000 00
1877	Improvements, repairs, etc.....	38,150 00
	Salaries of officers.....	8,000 00
1878	Miscellaneous expenses.....	19,250 00
	Salaries of officers.....	8,000 00

9 Pavilion for women patients.....	\$75,000 00
Salaries of officers.....	8,000 00
0 Pavilion for women patients.....	75,000 00
Salaries of officers.....	8,000 00
1 Salaries of officers.....	8,000 00
2 Improvements.....	12,000 00
Salaries of officers.....	8,000 00
3 Salaries of officers.....	8,000 00
4 Salaries of officers.....	10,000 00
5 Addition to building.....	25,000 00
Salaries of officers.....	10,000 00
6 Building for dayrooms.....	25,000 00
Other expenses.....	24,500 00
Salaries of officers.....	10,000 00
7 Improvements.....	52,500 00
Salaries of officers.....	10,000 00
8 New pavilion for men.....	43,000 00
Improvements, land, etc.....	46,000 00
Salaries of officers.....	13,500 00
Improvements.....	37,200 00
Salaries of officers.....	13,500 00
0 Improvements and supplies.....	18,500 00
Salaries of officers.....	13,500 00
1 Improvements.....	29,450 00
Salaries of officers.....	13,500 00
Additions, repairs and improvements.....	16,500 00
2 Salary of additional physician and for woman assistant physician.....	2,400 00
Salaries of officers.....	13,500 00
3 Buildings, repairs, renewals and improvements	27,500 00
Furniture and equipment.....	23,000 00
4 Buildings, repairs, renewals and improvements	19,043 33
Furniture and equipment.....	9,730 00

RECAPITULATION

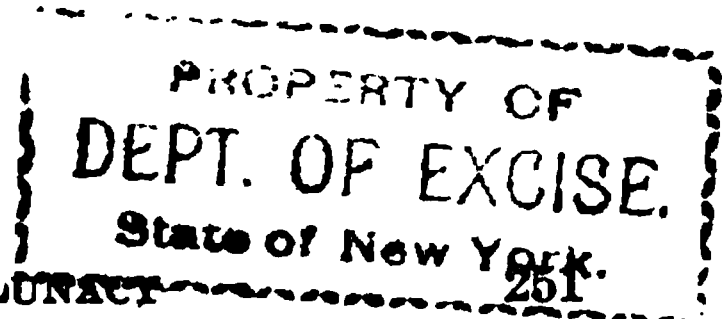
Salaries.....	\$183,900 00
Maintenance.....	10,000 00
Buildings, repairs and im- provements.....	1,139,764 33

Total..... **\$1,333,664 33**

Appropriations

BUFFALO STATE HOSPITAL

1870	Buildings.....	\$50,000 00
1871	Buildings.....	150,000 00
1872	Buildings.....	150,000 00
1873	Buildings.....	200,000 00
1874	Buildings.....	150,000 00
1875	Buildings.....	150,000 00
1876	Buildings.....	120,000 00
1877	Buildings.....	100,000 00
1878	Buildings.....	175,000 00
1879	Buildings, furnishing and maintenance.....	63,000 00
	Maintenance one year.....	17,500 00
1880	Maintenance.....	15,000 00
1881	Furnishing.....	10,000 00
	Salaries of officers.....	8,000 00
1882	Furnishing and improvements.....	5,000 00
	Deficiency, maintenance.....	7,500 00
	Construction of sewer.....	16,000 00
	Salaries of officers.....	8,000 00
1883	Improvements.....	6,100 00
	Maintenance.....	6,500 00
	Salaries of officers.....	8,000 00
1884	Drains and tramways.....	23,500 00
	Salaries of officers.....	8,000 00
1885	Improvements.....	11,258 00
	Salaries of officers.....	10,200 00
1886	Building for 20 outside employees and patients	3,360 00
	Other improvements.....	2,500 50
	Salaries of officers.....	10,200 00
1887	R. R., gas and steam pipes	6,975 00
	New building for 150 patients.....	173,000 00
	Salaries of officers.....	12,000 00
1888	Greenhouse.....	5,627 00
	Legal expenses.....	1,000 00
	Salaries of officers.....	12,000 00
1889	Improvements.....	7,825 00
	New building.....	26,784 76
	Salaries of officers.....	12,000 00
1890	Improvements.....	26,867 19
	Salaries of officers.....	12,000 00
1891	Improvements.....	3,500 00
	Maintenance.....	4,000 00
	Salaries of officers.....	13,000 00



STATE COMMISSION IN LUNACY

1892	Salaries of officers.....	\$13,000 00	Appropriations
1893	Buildings, repairs, improvements, etc.....	263,000 00	
1894	Buildings, repairs and improvements.....	350,150 00	

RECAPITULATION

Salaries.....	\$126,400 00
Maintenance.....	50,500 00
Buildings, repairs and im- provements.....	2,250,496 95

Total.....	\$2,427,396 95
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BINGHAMTON STATE HOSPITAL

1879	Buildings.....	\$67,500 00
1880	Buildings.....	67,860 00
	Salaries of officers.....	7,500 00
1881	Buildings.....	75,000 00
	Salaries of officers.....	7,500 00
1882	Supplies and improvements.....	25,000 00
	Salaries of officers.....	7,500 00
1883	Detached cottage.....	20,000 00
	Salaries of officers.....	7,500 00
1884	Salaries of officers.....	7,500 00
1885	Equipment.....	32,830 00
	Two buildings, capacity 305 insane.....	40,000 00
	Salaries of officers.....	8,500 00
1886	Two buildings, capacity 305 insane.....	35,200 00
	Improvements and supplies.....	75,208 15
	Salaries of officers.....	8,500 00
1887	Improvements.....	58,535 95
	Salaries of officers.....	8,500 00
1888	Deficiency, maintenance.....	20,000 00
	Improvements.....	48,000 00
	Salaries of officers.....	10,500 00
1889	Deficiency, maintenance.....	25,000 00
	Improvements and repairs.....	29,810 00
	New building for violent classes.....	50,000 00
	Salaries of officers.....	10,500 00
1890	Equipment.....	31,744 89
	Salaries of officers.....	12,500 00

Appropriations	1891	Equipment.....	\$50,370 00
		Deficiency, maintenance.....	25,000 00
		Sewer, one-half cost.....	50,000 00
		Salaries of officers.....	13,500 00
	1892	Additions, repairs and improvements.....	12,350 00
		Deficiency, maintenance.....	20,000 00
		Salaries of officers and of woman assistant physician.....	14,700 00
	1893	Furniture and equipment.....	35,790 00
		Buildings, repairs, renewals and improvements	16,400 00
		Maintenance, deficiency.....	15,000 00
	1894	Buildings, repairs, renewals and improvements	33,300 00
		Furniture and equipment.....	11,000 00
		Improvements to grounds, setting out trees, etc	2,900 00

RECAPITULATION

Salaries.....	\$124,700 00
Maintenance.....	105,000 00
Buildings, repairs and im- provements.....	868,798 99

Total.....	\$1,098,498 99
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ST. LAWRENCE STATE HOSPITAL

1887	Buildings and improvements.....	\$100,000 00
	Land.....	88,458 00
1888	Buildings, furniture, land, etc.....	317,700 00
1889	Buildings, furniture.....	302,850 00
1890	Buildings, furniture.....	196,452 48
	Equipment for 400 patients.....	45,000 00
	Maintenance fund.....	20,000 00
	Salaries of officers.....	14,000 00
1891	Buildings and equipment.....	374,551 08
	Deficiency, maintenance.....	20,000 00
	Salaries of officers.....	12,200 00
1892	Furniture and equipment.....	16,000 00
	Deficiency in maintenance.....	12,500 00
	Maintenance.....	30,000 00
	Completing group No. 3, repairs, additions and improvements.....	326,000 00
	Salaries of officers.....	12,200 00

STATE COMMISSION IN LUNACY

253

Furniture and equipment.....	\$62,135 00 A
Buildings, repairs, renewals and improvements.....	365,887 25
Maintenance.....	30,000 00
Stock and farm utensils.....	3,500 00
Additional land.....	5,700 00
Furniture and equipment.....	15,635 00
Buildings, repairs, renewals and improvements	136,108 00
Grading grounds, building roads, highways and fences.....	20,000 00

RECAPITULATION

Salaries.....	\$38,400 00
Maintenance.....	112,500 00
Buildings, repairs and improvements.....	2,375,976 81

Total..... **\$2,526,876 81**

ROCHESTER STATE HOSPITAL

Purchase of buildings and land.....	\$50,000 00
Maintenance, including officers' salaries.....	50,000 00
Administration building.....	30,000 00
Buildings for the accommodation of 200 patients and furnishing same....	110,000 00
Erecting boiler-house and setting boilers.....	9,700 00
Constructing three fire-escapes.....	2,480 00
Erecting two four-story additions, outside closets, lavatories, bathrooms.....	17,500 00
Estimated deficiency, maintenance....	10,000 00
Salaries of officers.....	11,200 00
Buildings, repairs, renewals and improvements.....	28,825 00
Furniture and equipment.....	21,934 00
Constructing sewer.....	8,400 00
Maintenance deficiency.....	10,000 00
Buildings and renewals made necessary by fire, furniture, etc.....	80,000 00

Appropriations

RECAPITULATION

1894	Salaries.....	\$22,400 00
	Maintenance.....	58,800 00
	Buildings, repairs and im- provements.....	358,839 00
		<hr/>
Total.....		<hr/> \$440,039 00 <hr/>

SUMMARY OF ANNUAL LEGISLATIVE APPROPRIATIONS

For all State Hospitals, excluding those for criminal insane, with a statement showing the appropriations under the State Care Act and expenses for transportation:

1836.....	\$60,000 00
1839.....	75,000 00
1840.....	75,000 00
1841.....	75,000 00
1842.....	5,500 00
1843.....	16,100 00
1844.....	64,000 00
1846.....	40,000 00
1847.....	7,400 00
1848.....	14,800 00
1849.....	7,800 00
1850.....	14,900 00
1852.....	38,550 00
1853.....	28,150 00
1854.....	9,800 00
1855.....	47,563 32
1857.....	92,800 00
1858.....	98,942 00
1859.....	22,194 11
1860.....	35,480 00
1861.....	32,897 50
1862.....	24,050 00
1863.....	25,300 00
1864.....	50,000 00
1865.....	110,000 00
1866.....	88,200 00
1867.....	268,100 00

STATE COMMISSION IN LUNACY

255

1868.....	\$219,400 60	Appropriations
1869.....	307,982 00	
1870.....	822,882 48	
1871.....	706,826 00	
1872.....	416,779 60	
1873.....	714,792 78	
1874.....	642,249 26	
1875.....	488,077 47	
1876.....	334,963 25	
1877.....	414,817 11	
1878.....	460,959 14	
1879.....	446,167 47	
1880.....	253,210 00	
1881.....	173,350 00	
1882.....	205,411 46	
1883.....	154,224 08	
1884.....	87,000 00	
1885.....	257,688 96	
1886.....	469,081 05	
1887.....	795,473 24	
1888.....	719,902 00	
1889.....	765,069 76	
1890.....	511,814 56	
1891 Special state care appropriation, for buildings only, to provide for insane in county houses..	\$454,850 00	
Transportation of insane to State hospitals.....	18,000 00	
State hospital improvements, maintenance deficiencies and officers' salaries.....	865,391 08	
	<u>\$1,338,241 08</u>	
1892 General transportation of in- sane.....	\$20,000 00	
State hospital improvements, maintenance, deficiencies and officers' salaries.....	837,905 00	
	<u>\$857,905 00</u>	

Appropriations under the System of State Maintenance of the Insane

1893	General transportation of insane.	\$17,000 00	
	State hospital improvements, and maintenance deficiencies.	1,023,089 50	
	Maintenance of dependent insane,* salaries and expenses of Lunacy Commission, clerk hire, special agents, etc., year ending September 30, 1894.	1,346,019 64	
			<u>\$2,386,1</u>
1894	State hospitals, buildings and improvements.	\$885,3	
	Maintenance of dependent insane* salaries and expenses of Lunacy Commission, clerk hire, special agents, etc., year ending September 30, 1895.	1,385,0	
			<u>\$2,270,3</u>

Appropriations from 1895 covering both Maintenance and Extraordinary Repairs

1895	State hospitals, buildings and improvements, maintenance of dependent insane, salaries and expenses of Lunacy Commission, clerk hire, deportation of alien insane, and pathological laboratory, year ending Sep- tember 30, 1896, (Laws of 1895, chapter 693)	\$4,200,0	
1896	State hospitals, buildings and improvements, maintenance of dependent insane, salaries and expenses of Lunacy Commission, clerk hire, deportation of alien insane, and patho- logical laboratory, year ending September 30, 1897, (Laws of 1896, chapter 944).	\$4,478,4	

NOTE—Of this amount \$44,839.48 was a reappropriation of former appropriation, and \$234,606.01 was received for the care of patients and other miscellaneous sources.

1897 State hospitals, buildings and improvements,
maintenance of dependent insane, salaries
and expenses of Lunacy Commission, clerk

*Manhattan and Long Island Hospitals not included.

hire, deportation of alien insane and pathological laboratory, year ending September 30, 1898, (Laws of 1897, chapter 460)..... **\$4,734,910 67**

Of this amount \$234,910.67 was received from private nursing patients and other miscellaneous sources.

the hospitals, buildings and improvements, maintenance of dependent insane, salaries and expenses of Lunacy Commission, clerk hire, deportation of alien insane, pathological institute, etc. (Laws of 1898, chapter 36) **\$5,145,672 58**

Of this amount \$245,672.58 was received for board of and reimbursing patients and from other sources.

Commissioners in Lunacy, salaries, traveling and incidental expenses.....	\$19,600 00
Commission in Lunacy, clerk hire, deportation of aliens and non-residents, office expenses and special agents.....	53,500 00
Pathological Institute.....	36,000 00
the hospitals:	
Officers' salaries.....	238,000 00
Employees' wages.....	1,252,000 00
Supplies.....	*2,454,000 00
Buildings, repairs and improvements.....	1,000,000 00
	\$5,053,100 00

(Laws of 1899, chapters 569, 570, 572)

Commissioners in Lunacy, salaries, traveling and incidental expenses.....	\$21,100 00
Commission in Lunacy, clerk hire, deportation of aliens and non-residents, office expenses and special agents.....	49,500 00
Pathological Institute.....	20,000 00
the hospitals:	
Officers' salaries.....	298,621 23
Employees' wages.....	1,380,131 66
Supplies.....	*2,743,539 00

\$10,000 received for board of private patients, miscellaneous sales, etc.

itions 1900	Buildings, repairs and improvements.....	\$1,000,000
	To establish a fund for manufacturing departments in the State hospitals.....	100,000
	For purchase of land for the Utica State Hospital.....	32,000
		<hr/> \$5,644,000 <hr/>
	(Laws of 1900, chapters 62, 364, 418, 419)	
1901	Commissioners in Lunacy, salaries, traveling and incidental expenses.....	\$21,000
	Commission in Lunacy, clerk hire, deportation of aliens and non-residents, office expenses and special agents.....	44,000
	Pathological Institute.....	15,000
	State hospitals:	
	Officers' salaries.....	265,000
	Employees' wages.....	1,160,000
	Supplies.....	*2,250,000
	Buildings, repairs and improvements.....	750,000
		<hr/> \$4,505,000 <hr/>
	(Laws of 1901, chapters 322, 644, 645)	
1902	Commissioners in Lunacy, salaries, traveling and incidental expenses.....	\$18,000
	Commission in Lunacy, clerk hire, deportation of aliens and non-residents, office expenses and special agents.....	44,000
	Pathological Institute.....	15,000
	State hospitals:	
	Officers' salaries.....	255,000
	Employees' wages.....	1,250,000
	Supplies.....	†2,000,000
	Buildings, repairs and improvements.....	550,000
		<hr/> \$4,132,000 <hr/>
	(Laws of 1902, chapters 418, 593)	
1903	Commissioners in Lunacy, salaries, traveling and incidental expenses.....	\$18,000

*Includes \$250,000 received for board of private and reimbursing patients.

†The receipts of the hospitals for board of patients were retained in the State treasury.

Commission in Lunacy, clerk hire, deportation aliens and non-residents, office expenses and special agents.....	\$56,000 00
Medical inspector, salary and expenses.....	4,500 00
Biological Institute.....	25,000 00
State hospitals:	
Officers' salaries.....	230,000 00
Employees' wages.....	1,385,000 00
Supplies.....	*2,780,000 00
Buildings, repairs and improvements.....	870,000 00
New hospital, purchase of site.....	50,000 00
	<hr/>
	\$5,419,100 00

Acts of 1903, chapter 540, 541, 598, 599)

Commissioners in Lunacy, salaries, traveling and incidental expenses.....	\$18,600 00
Commission in Lunacy, clerk hire, deportation aliens and non-residents, office expenses and special agents.....	56,000 00
Medical inspector, salary and expenses.....	4,500 00
Biological Institute.....	25,000 00
State hospitals:	
Officers' salaries.....	210,000 00
Employees' wages.....	1,608,000 00
Supplies.....	†2,962,740 77
Buildings, repairs and improvements.....	1,203,000 00
	<hr/>
	\$6,087,840 77

Acts of 1904, chapters 635, 728, 729)

Commissioners in Lunacy, salaries, traveling and incidental expenses.....	\$21,100 00
Commission in Lunacy, clerk hire, deportation aliens and non-residents, office expenses, special agents, and medical inspector.....	54,760 00
Medical school of alienists, salaries and expenses.....	13,000 00
Biological Institute.....	25,000 00
State hospitals:	
Officers' salaries.....	270,000 00
Employees' wages.....	1,795,000 00

*\$100,000 board moneys received by the State hospitals for the years 1902 and 1903.
†\$100,000 received by the State hospitals for the board of patients.

ons	1905	Supplies.....	*\$2,865,000
		Buildings, repairs, improvements, reception hospital, etc.....	994,000
		Deficiencies, 1904-5:	
		W. H. Kimball, treasurer....	\$1,475 00
		State hospitals, officers' sala- ries, 1905.....	7,000 00
		Employees' wages, 1904.....	71,932 26
		Employees' wages, 1905.....	209,553 68
		Maintenance, 1904.....	162,745 00
		Treasurer's accounts, Kings Park.....	3,505 11
		Treasurer's accounts, Roch- ester.....	904 72
		State hospital superintendents acting as treasurers.....	5,400 00
			<hr/>
			462,500
			<hr/>
			\$6,500,400
			<hr/> <hr/>

(Laws of 1905, chapters 699, 700, 702)

*Includes \$265,000 received by State hospitals for the board of patients.

GENERAL REVIEW OF STATE HOSPITALS

Medical Service, Including Superintendent

INSTITUTIONS	Number of physicians, including internes	Ratio of physicians to service	Annual per-capita cost of medical service
Utica.....	7	1 to 192	\$11.267
Willard.....	11	1 to 202	7.814
Hudson River.....	11	1 to 206	8.464
Middletown.....	8	1 to 161	10.362
Buffalo.....	10	1 to 166	10.03
Binghamton.....	8	1 to 178	9.599
St. Lawrence.....	9	1 to 190.82	9.294
Rochester.....	7	1 to 109	17.90
Gowanda.....	5	1 to 151	12.049
Long Island, Kings Park.....	13	1 to 219	7.209
Long Island, Flatbush.....	5	1 to 237	5.65
Manhattan.....	30	1 to 146	7.3193
Manhattan, Central Islip.....	12	1 to 226	6.024
Total.....	136	1 to 186	\$8.34

Employees

INSTITUTIONS	Total number of employees	Ratio of all employees to patients	Ratio of attendants to patients	Annual per capita cost of all employees
Utica.....	249	1 to 4.63	1 to 8	\$82.169
Willard.....	467	1 to 4.767	1 to 8.562	76.226
Hudson River.....	452	1 to 5	1 to 8.056	71.9431
Middletown.....	253	1 to 5.09	1 to 8.25	72.625
Buffalo.....	324	1 to 5.12	1 to 9.11	70.99
Binghamton.....	296	1 to 4.83	1 to 7.2	77.902
St. Lawrence.....	338	1 to 5.08	1 to 8.63	68.076
Rochester.....	150	1 to 5	1 to 8.14	72.459
Gowanda.....	168	1 to 4.495	1 to 7.333	76.142
Long Island, Kings Park.....	498	1 to 5.725	1 to 11.979	50.473
Long Island, Flatbush.....	224	1 to 5.29	1 to 8.28	67.02
Manhattan.....	738	1 to 5.92	1 to 9	59.8076
Manhattan, Central Islip.....	500	1 to 7.024	1 to 10.2	49.5994
Total.....	4,657	1 to 5.43	1 to 8.7	\$66.43

	Total annual cost	Annual per capita cost	Total number of tons of coal consumed
...	\$19,391 02	\$16 82	6,339.74
..	36,577 48	16.43	13,903.1800*
...	49,623 80	21.92	872.400 †
...	20,512 77	15 94	12,568
...	21,815 84	13 15	6,409½
...	35,658 67	24.95	12,782
...	42,386 81	24.69	13,225.5
...	9,537 75	12.45	15,294 656
...	16,144 27	21.38	4,040
...	60,766 58	21 31	7,888.940
...	15,878 92	14.00	15,959.1636
...	45,030 96	10 31	3,989.930
...	74,619 69	20 60	20,888
...	\$447,944 56	\$17.72	22,106.1411
...			156,267

Institutions

[illegible]

*Bituminous. †Anthracite.

OPERATIONS OF STATE HOSPITAL SYSTEM

Deaths on Whole Number Treated

Institutions	Percentage
.....	7.63
.....	6.03
er.....	8.33
.....	5.19
.....	5.57
.....	7.24
.....	6.01
.....	5.91
.....	7.08
.....	6.45
.....	6.21
.....	5.76
.....	4.78
.....	<hr/> 6.39 <hr/>

OPERATIONS OF STATE HOSPITAL SYSTEM

Statement showing average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1905

ARTICLES	UTICA		WILLARD		HUDSON RIVER		MIDDLETOWN	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$.05880	\$11.91467	\$.0667	\$14.313	\$.056	\$11.944	\$.06	\$9.903
Poultry, per pound.....	.15496	.3821	.11	.451	.174	.6272	.152	.491
Wheat flour, per barrel.....			†4.839	†1.002				
Butter, per pound.....	5 .09809	7.92038	5.12	5.184	5.265	8.721	5.052	6.084
Cheese, per pound.....	.21328	8.00933	.206	8.449	.211	8.273	.21	8.427
•Milk, per gallon.....	.06968	.57988	.092	.676	.0954	.7754	.098	.662
Eggs, per dozen.....	.20252	3.46803	.185	3.555	.194	5.222	.117	7.982
Tee, per pound.....	.17295	.54645	.173	.567	.17	5.372	.20	3.411
Coffee, per pound.....	.11918	1.47134	.117	1.899	.119	1.465	.172	.809
Sugar, per hundred weight.....	5.474	2.91469	5.50	2.895	5.47	2.944	5.40	1.889
Liquor, per gallon.....	2.06612	.22185	1.25	.05	2.048	.1565	4.00	2.883
Bread, per pound.....								.081

* Supplied by farm.

† Made from local wheat.

OPERATIONS OF STATE HOSPITAL SYSTEM

ARTICLES	BUFFALO		BINGHAMTON		GOWANDA	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$.0633	\$11.24	\$.066	\$14.684	.0708	\$11.563
Poultry, per pound.....	.162	.624	.137	.404	.144	.51
Wheat flour, per barrel.....	4.94	7.19	5.90	8.313	.047	7.311
Butter, per pound.....	.227	9.08	.211	8.808	.219	7.531
Cheese, per pound.....	.099	.71	.097	.773	.099	.487
Milk, per gallon.....	.132	7.73	.124	6.65	..	..
Eggs, per dozen.....	.194	3.56	.201	4.297	.19	2.905
Tee, per pound.....	.173	.715	.175	.555	.173	.52
Coffee, per pound.....	.119	1.27	.119	1.559	.193	1.258
Sugar, per hundred weight.....	5.80	2.98	5.50	3.095	.377	2.742
Liquor, per gallon.....	1.83	.21	3.05	.109	.05	.244
Bread, per pound.....	..	..	..	..	..	..

* Supplied by farm.

Statement showing average purchase price, etc.—(Continued)

OPERATIONS OF STATE HOSPITAL SYSTEM

Statement showing average purchase price, etc.—(Concluded)

ARTICLES	KINGS PARK		LONG ISLAND		MANHATTAN		CENTRAL ISLIP		TOTAL	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound	\$.061	\$11.006	\$.06081	\$11.055	\$.0614	\$12.3444	\$.0603	\$12.0056	.....	.....
Poultry, per pound	.1515	.534	.155	.622	.1504	.6118	.145	.3211	.....	.....
Wheat flour, per barrel	5 276	6 987	5 68	671	5 2239	7 0986	4 9084	7 4379	.....	.....
Butter, per pound	.213	8 311	.2154	8 763	.2157	8 4895	.2091	7 7846	.....	.....
Cheese, per pound	.089	613	.0695	.5683	.0883	.6674	.0923	.708	.....	.....
*Milk, per gallon	† 66	6 685	† .62	3 819	† .62	7 647	† 68	8 6718	.....	.....
Eggs, per dozen	.208	3 827	† .18	5 213	† .1772	1 2057	† 68	3 4214	.....	.....
Tea, per pound	.178	.47	.1945	4 006	.2011	3 7747	.2031	.508	.....	.....
Coffee, per pound	.119	1 402	.17	.5288	.1719	.4728	.1889	1 3959	.....	.....
Sugar, per hundred weight	5 30	2 706	.1191	1 4954	.119	1 4883	.1191	2 7146	.....	.....
Liquor, per gallon	2 05	.11	5 282	2 714	5 28	2 8063	5 27	.1148	.....	.....
Bread, per pound	.....	.....	2 05	.0622	2 1307	.0632	1 928	.....	.....	.....
	.....	.....	.02908	8 806	.....	.....	.....	.....	.....	.....

* Supplied by farm. † Condensed milk. ‡ Fresh milk.

OPERATIONS OF STATE HOSPITAL SYSTEM

INSTITUTIONS	REMAINING OCTOBER 1, 1904			ON ORIGINAL COMMITMENTS						TOTAL NUMBER UNDER TREATMENT DURING YEAR			Daily average population	Capacity of institution
	Men	Women	Total	FROM RESIDENCES			BY TRANSFERS FROM OTHER INSTITUTIONS FOR THE INSANE			Men	Women	Total		
				Men	Women	Total	Men	Women	Total					
Bloomington	156	176	332	45	34	79	4	2	6	205	212	417	326	400
Providence Retreat	26	93	108	13	29	42	2	1	3	40	113	153	110	125
Marshall Sanitarium	19	22	41	18	20	38	1	...	1	38	42	80	47	90
Long Island Home	23	54	87	24	14	38	4	3	7	61	71	132	81	114
Brigham Hall Hospital	29	29	58	12	13	25	...	1	1	41	43	84	48	69
Sanford Hall	16	23	39	7	7	14	...	1	1	23	31	54	38	44
St. Vincent's Retreat	...	85	85	...	29	29	...	7	7	...	121	121	93	150
Breesehurst Terrace	9	14	23	5	6	11	...	1	1	14	21	35	22	35
Walden	5	2	7	...	...	...	...	...	...	5	...	7	6	20
Dr. Wells' Sanitarium	...	8	8	...	8	8	...	1	1	...	17	17	7	12
Greenmont-on-the-Hudson	1	3	4	...	...	...	...	...	...	1	2	3	3	12
Dr. MacDonald's House	...	7	7	...	...	...	...	...	...	...	7	7	7	10
The Pines	2	6	8	1	3	4	...	...	...	...	9	12	9	13
Vernon House	1	3	4	...	...	...	...	...	...	3	3	4	3	...
Interpines	4	5	9	2	1	3	...	2	2	6	8	14	11	56
Glenmary	5	15	20	4	7	11	...	...	...	9	23	31	20	50
Falkirk	3	4	7	3	5	8	...	...	...	6	9	15	8	34
River Crest	51	49	100	55	59	114	36	20	56	142	128	270	98	116
Dr. Combes' Sanitarium	15	21	36	29	19	48	3	2	5	47	42	89	35	46
Dr. Kellogg's House	...	2	2	1	1	2	...	...	...	1	3	4	1	7
Knickerbocker Hall	2	5	7	4	6	10	1	4	5	7	15	22	8	18
Hillside-on-Seneca	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dr. Bond's House	2	3	5	5	2	7	...	1	1	7	6	13	6	8
Riverview Sanitarium	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	378	616	994	228	263	491	51	46	97	657	927	1,584	967	1,436

Licensed Private Asylum System—(Concluded)

OPERATIONS OF STATE HOSPITAL SYSTEM

INSTITUTIONS	DISCHARGED DURING YEAR						WHOLE NUMBER			REMAINING		
	AS RECOVERED			AS IMPROVED			DIED					
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bloomington	10	6	16	28	15	43	14	8	22	147	181	328
Providence Retreat	7	9	16	4	9	13	2	3	5	23	28	51
Marshall Sanitarium	1	6	7	6	5	11	5	1	6	23	28	51
Long Island Home	4	5	9	10	15	25	4	2	6	33	45	78
Brigham Hall Hospital	3	10	13	5	6	11	3	..	3	23	25	48
Sanford Hall	..	2	2	7	7	14	3	..	3	11	31	42
St. Vincent's Retreat	..	13	13	..	10	10	..	5	5	31	90	121
Breesehurst Terrace	..	1	1	3	2	5	3	..	3	..	16	19
Walden	..	..	..	..	2	2	1	..	1	4	3	7
Dr. Wells' Sanitarium	2	..	2	..	1	1	..	3	3	1	6	9
Greenmont-on-the-Hudson	..	..	..	..	..	..	..	..	..	..	1	1
Dr. MacDonald's House	..	..	..	..	1	1	..	..	..	..	1	1
The Pines	..	1	1	..	2	2	..	..	..	..	..	..
Vernon House	..	..	..	..	..	..	..	..	..	..	..	..
Interpines	1	1	2	..	..	..	1	..	1	..	..	..
Glenmary	4	4	8	..	4	4	1	1	2	..	..	..
Falkirk	..	1	1	..	3	3	..	2	2	..	..	..
River Crest	10	6	16	50	49	99	6	4	10	54	43	97
Dr. Combee's Sanitarium	10	17	27	11	24	35	6	4	10	19	23	42
Dr. Kellogg's House	..	1	1	1	1	2	1	..	1	..	1	2
Knickerbocker Hall	2	3	5	1	1	2	1	1	2	..	10	12
Dr. Bond's House	..	..	..	..	..	..	2	..	2	..	4	6
Riverview Sanitarium	..	..	..	..	..	..	..	..	..	..	..	..
Total	52	78	130	129	143	272	53	34	87	306	617	923

STATISTICS

STATE HOSPITAL STATISTICS

	UTICA STATE HOSPITAL			WILLARD STATE HOSPITAL			HUDSON RIVER STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1904.....	549	585	1,134	1,134	1,084	2,218	1,043	1,158	2,201
Admitted during year ending September 30, 1905:	160	161	321	247	321	568	294	243	537
On original commitments:									
From residences.....	156	158	314	108	106	212	279	238	502
By transfers from County houses.....	.....	.....	.....	4	3	7	4	8	12
By transfers from other institutions for insane.....	4	3	7	137	213	349	11	12	23
Total number under treatment during year.....	709	746	1,455	1,381	1,405	2,786	1,337	1,401	2,738
Daily average population.....	558	595	1,153	1,119	1,107	2,226	1,082	1,182	2,264
Capacity of institution.....	556	554	1,110	1,147	1,175	2,322	990	1,045	2,035
Discharged during the year:									
As recovered.....	35	41	76	41	30	71	38	43	81
As improved.....	27	34	61	36	20	56	53	24	77
As unimproved.....	31	14	45	88	108	196	23	17	39
As not insane.....	2	2	4	.....	.....	.....	10	11	21
Died.....	63	48	111	89	79	168	114	114	228
Whole number discharged during the year.....	158	139	297	254	237	491	237	209	446
Remaining October 1, 1905.....	551	607	1,158	1,127	1,168	2,295	1,100	1,192	2,292

commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1905

STATE HOSPITAL STATISTICS

TABLE No. 1—(Continued)

Showing the number of registered insane remaining in the State hospitals October 1, 1904, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1905

	MIDDLETOWN STATE HOMEOPATHIC HOSPITAL			BUFFALO STATE HOSPITAL			BINGHAMTON STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Oct 30, 1905	611	694	1,305	757	902	1,659	663	749	1,412
Admitted during year	114	121	235	206	160	366	169	174	343
Transferred during year	109	113	222	202	174	376	117	145	262
Discharged during year	1	3	4	6	6	12	6	2	8
Died during year	4	5	9	6	6	12	46	27	73
Total number under treatment during year	725	815	1,540	965	1,082	2,047	832	923	1,755
Daily average population	595	692	1,287	757	902	1,659	684	745	1,429
Capacity of institution	597	625	1,222	771	907	1,678	718	725	1,443
Discharged during the year:									
As recovered	48	37	85	44	43	87	39	59	98
As improved	26	38	64	43	44	87	15	34	49
As unimproved	12	5	17	26	18	43	6	9	14
As not insane	6	2	8	10	5	15	.....	.....	.....
Died	45	35	80	64	50	114	58	69	127
Whole number discharged during the year	137	117	254	186	180	366	117	171	288
Remaining October 1, 1905	588	698	1,286	779	922	1,701	715	753	1,467

STATE HOSPITAL STATISTICS

commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1905

	ST. LAWRENCE STATE HOSPITAL			ROCHESTER STATE HOSPITAL			KINGS PARK STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
1905.	881	825	1,706	310	381	691	1,155	1,671	2,826
.....	161	129	290	267	480	747	278	316	594
.....	154	123	277	128	125	253	263	283	546
.....	4	6	10	8	7	15	.....	.....	.....
.....	3	.....	3	131	348	479	15	33	48
Total number under treatment during year.....	1,042	954	1,996	577	881	1,458	1,433	1,987	3,420
Daily average population..	891	826	1,717	332	434	766	1,168	1,683	2,851
Capacity of institution.....	907	786	1,693	500	803	1,303	996	1,424	2,420
Discharged during the year:									
As recovered.....	50	35	85	21	35	56	93	96	189
As improved.....	21	22	43	37	28	65	41	33	74
As unimproved.....	15	8	23	6	5	11	43	298	341
As not insane.....	1	2	3	1	.....	1	3	.....	3
Died.....	55	65	120	51	34	85	114	128	242
Whole number discharged during the year.	142	132	274	116	99	215	294	555	849
Remaining October 1, 1905.....	900	822	1,722	461	762	1,223	1,139	1,432	2,571

STATE HOSPITAL STATISTICS

TABLE No. 1—(Continued)

Showing the number of registered insane remaining in the State hospitals October 1, 1904, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1905

	LONG ISLAND STATE HOSPITAL			MANHATTAN STATE HOSPITAL			CENTRAL LEIP STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
.....	416	783	1,199	1,666	2,496	4,162	2,220	1,537	3,757
30, 1905:	121	163	273	735	834	1,569	324	224	548
.....	101	134	235	600	756	1,416	305	214	519
for insane.	20	18	38	13	19	32	19	10	29
Total number under treatment during year.....	537	935	1,472	2,401	3,330	5,731	2,544	1,761	4,305
Daily average population.....	419	766	1,185	1,784	2,602	4,386	2,138	1,484	3,622
Capacity of institution.....	333	673	1,006	1,130	2,114	3,244	2,174	1,412	3,586
Discharged during the year:									
As recovered.....	36	55	91	140	173	313	96	66	164
As improved.....	32	19	51	176	305	481	70	61	131
As unimproved.....	7	154	161	213	69	172	192	15	207
As not insane.....	.....	1	1	8	3	11	3	.....	3
Died.....	48	47	95	166	170	336	144	104	248
Whole number discharged during the year.....	123	276	399	623	715	1,338	507	246	753
Remaining October 1, 1905.....	414	659	1,073	1,778	2,615	4,393	2,037	1,515	3,552

STATE HOSPITAL STATISTICS

showing the number of registered insane remaining in the State hospitals October 1, 1904, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1905

	GOWANDA STATE HOMIOPATHIC HOSPITAL			ALL HOSPITALS		
	Men	Women	Total	Men	Women	Total
September 30, 1905:	384	385	749	11,789	13,230	25,019
houses.....	84	67	151	3,162	3,402	6,564
tutions for insane.....	66	52	120	2,643	2,806	5,254
	2	2	4	42	50	92
	14	13	27	472	746	1,218
Total number under treatment during year.....	408	432	900	14,951	16,632	31,583
Daily average population.....	389	366	755	.....	.....	25,280
Capacity of institution.....	419	393	812	11,238	12,635	23,873
Discharged during the year:						
As recovered.....	32	19	41	705	737	1,442
As improved.....	11	10	21	588	669	1,257
As unimproved.....	5	4	9	564	714	1,278
As not insane.....	1	.....	1	45	26	71
Died.....	24	19	43	1,053	962	2,017
Whole number discharged during the year.....	63	52	115	2,957	3,108	6,065
Remaining October 1, 1905.....	405	380	785	11,994	13,524	25,518

STATE HOSPITAL STATISTICS

TABLE No. 2
General Statement of the State Hospitals, September 30, 1905

	Utica State Hospital	Willard State Hospital	Hudson River Hospital	Middletown State Homeopathic Hospital	Buffalo State Hospital
Date of opening	1843	1869	1871	1874	1880
Total buildings	455	1,204	812	281	183
Value	\$1,163,500 00	\$1,420,602 68	\$2,486,048 96	\$1,137,646 00	\$2,500,000 00
Value	100,000 00	211,800 00	250,552 12	85,000 00	111,650 04
Average number of patients	340	830	422	90	614
Receipts during year, maintenance fund:					
Balance on hand October 1, 1904	\$1,503 56	\$6,980 74	\$65,53 93	\$2,558 94	\$6,566 25
From State treasury for maintenance on estimates, 1 to 12, inclusive	230,515 00	405,180 72	432,035 48	244,472 83	315,673 52
From private patients	12,077 53	452 82	10,195 92	34,986 21	7,526 34
From reimbursing patients	11,124 78	19,144 11	17,504 51	16,530 43	23,731 32
From all other sources	550 73	8,838 67	1,571 24	1,150 32	1,075 21
Total receipts for maintenance	\$255,771 60	\$435,597 06	\$467,861 08	\$299,698 83	\$354,572 64
Total receipts from State Commission in Lunacy for extraordinary improvements, including balance on hand, Oct. 1, 1904	\$61,817 78	\$21,685 66	\$81,624 51	\$21,348 01	\$75,809 23
Total receipts from manufacturing fund	\$75,052 15	\$1,205 99	\$757 95		
Disbursements during year for maintenance:					
Estimate No. 1. For officers' salaries	\$15,741 57	\$20,028 08	\$19,162 48	\$16,235 83	\$18,631 89
Estimate No. 2. For officers' salaries	94,741 88	189,681 88	162,879 23	93,468 64	117,774 29
Estimate No. 3. For wages	65,395 08	114,541 59	137,663 11	79,005 76	115,812 78
Estimate No. 4. For	5,214 33	8,894 63	7,758 31	5,526 99	7,139 11
Estimate No. 5. For	7,559 74	10,513 97	9,571 98	6,394 24	2,193 97
Estimate No. 6. For	4,941 26	14,614 27	16,789 58	5,306 99	12,235 02
Estimate No. 7. For	7,305 06	14,268 81	11,281 91	8,020 45	12,774 56
Estimate No. 8. For	1,443 49	2,383 61	2,261 34	1,314 83	1,476 52
Estimate No. 9. For	20,155 19	37,283 42	50,634 58	20,790 66	23,430 09
Estimate No. 10. For	1,544 40	1,681 05	2,670 48	5,928 36	2,810 05
Estimate No. 11. For	5,532 11	8,857 46	11,551 92	5,557 88	7,027 82

STATE HOSPITAL STATISTICS

TABLE No. 2—(Continued)
General Statement of the State Hospitals, September 30, 1905

	Binghamton State Hospital	St. Lawrence State Hospital	Rochester State Hospital	Long Island State Hospital	Kings Park State Hospital
Date of opening.....	1881	1890	1891	1895	1895
Total acreage of grounds and buildings	4925	990	2184	30	899.75
Value of real estate, including buildings.....	\$1,035,000 00	\$2,512,255 72	\$625,075 24	.....	\$3,802,340 56
Value of personal property.....	190,000 00	143,000 00	51,424 93	\$78,570 34	188,275 47
Acreage under cultivation.....	875	484	140 02	12	2414
Receipts during year, maintenance fund:					
Balance on hand October 1, 1904.....	\$3,313 66	\$919 63	\$2,387 65	\$3,089 23	\$5,184 94
From State Treasury for maintenance on estimates, 1 to 12, inclusive.....	294,642 83	315,120 00	153,300 00	222,430 04	505,641 25
From private patients	3,114 21	4,116 01	1,129 79	.....	.....
From reimbursing patients.....	8,468 58	12,468 96	11,290 29	9,759 17	21,113 31
From all other sources	1,023 69	633 19	465 82	1,338 30	1,014 33
Total receipts for maintenance.....	\$310,562 97	\$333,257 79	\$168,573 55	\$236,616 74	\$523,853 83
Total receipts from State Commission in Lunacy for extraordinary improvements, including balance on hand, October 1, 1904,	\$42,068 41	\$37,541 03	\$172,342 10	\$1,648 40	\$88,382 62
Total receipts from manufacturing fund.....	\$1,737 71	\$13,195 80	\$19,426 04	\$1,200 00	\$17,572 69
Disbursements during the year for maintenance:					
Estimate No. 1. For officers' salaries.....	\$16,616 63	\$16,803 05	\$13,714 77	\$13,495 81	\$22,848 52
Estimate No. 2. For wages.....	111,321 62	116,917 22	55,503 61	79,424 10	174,178 37
Estimate No. 3. For	83,468 60	87,032 04	48,975 43	85,118 10	174,055 25
Estimate No. 4. For	5,162 69	11,770 60	3,123 35	4,037 59	9,736 16
Estimate No. 5. For	7,062 73	8,623 12	6,202 05	2,507 01	15,243 32
Estimate No. 6. For	6,673 52	9,375 44	5,656 72	6,676 99	16,555 72
Estimate No. 7. For	5,442 92	8,384 72	4,659 14	6,788 28	14,067 27
Estimate No. 8. For	1,896 18	2,060 30	1,363 27	1,490 41	2,826 14
Estimate No. 9. For	37,158 68	42,990 40	9,845 61	16,243 29	61,536 93
Estimate No. 10. For	1,351 79	1,354 06	951 19	4,010 25	3,735 04
Estimate No. 11. For .....	.....	.....	4,870 27	.....	14,480 25

STATE HOSPITAL STATISTICS

Lunacy.....	\$42,088 41	\$37,541 03	\$172,342 10	\$1,648 40	\$95,856 61
Total disbursements during year, manufacturing fund....	\$1,422 20	\$13,090 52	\$14,836 33	.....	\$9,993 98
.....	\$13,023 02	\$115 27	\$701 01	\$2,036 13	\$955 19
.....	315 51	105 28	5,145 02	1,200 00	132 10
ily average number of patients,					
tendants:	3,844	3,534	3,898	3,633 1	3,45
Women.....	.....	.....	.....	.....	.....
Minimum rate of wages paid attendants:	.....	.....	.....	.....	.....
Men.....	.....	.....	.....	.....	.....
Women.....	.....	.....	.....	.....	.....
Proportion of day attendants to average daily population.....	1 to 8.4	1 to 10 667	1 to 10	1 to 10.5	1 to 14.85
Proportion of night attendants to average daily population.....	1 to 51	1 to 48.21	1 to 50	1 to 42.3	1 to 63.38
Percentage of daily patient population engaged in some kind of useful occupation.....	.50	.651	65.62	.49	54.37
Estimated value of farm and garden products during year.....	\$22,401 03	\$34,386 02	\$14,027 86	\$1,819 90	\$28,573 22
Estimated value of articles made or manufactured by patients	17,600 00	19,068 39	11,195 43	.....	34,044 52

† Including \$7,473.99 deficiency appropriation.

*Rented lands, 160 acres.

STATE HOSPITAL STATISTICS

TABLE No. 2—(Concluded)
General Statement of the State Hospitals, September 30, 1905

	Manhattan State Hospital	Central Islip State Hospital	Cowanda State Hospital	All Hospitals
Date of opening.....	1896	1889	1896	.....
Total acreage of grounds and buildings.....	245	1,000	500	7,731 1/2
Value of real estate including buildings.....	\$4,157,000 00	\$2,026,557 82	\$838,941 75	\$23,705,969 76
Value of personal property.....	277,000 00	220,000 00	80,000 00	1,986,863 58
Acreage under cultivation.....	102	305	302	4,005 02
Recs fund:				
Balance.....	\$15,144 83	\$5,942 46	\$541 83	\$60,767 65
From.....	712,470 00	566,850 00	150,000 00	4,548,361 77
From estimates, 1 to 12 inclusive.....	.....	.....	20 00	73,619 83
From.....	18,881 78	10,315 79	8,241 82	188,574 85
From.....	6,924 62	1,737 87	40 00	22,263 99
Total receipts for maintenance.....	\$753,421 23	\$584,846 12	\$158,973 65	\$4,893,607 09
Total receipts from State Commission in Lunacy for extraordinary improve- ments, including balances on hand, October 1, 1904.....	\$86,904 26	\$49,371 65	\$112,866 44	\$850,893 43
Total receipts from manufacturing fund.....	\$7,055 52	.....	.....	.....
Disbursements:				
Estimate No. 1.....	\$35,856 00	\$23,319 60	12,000 77	\$249,181 64
Estimate No. 2.....	261,119 79	179,649 23	57,710 22	1,079,524 51
Estimate No. 3.....	271,927 41	208,096 96	26,490 85	1,607,067 06
Estimate No. 4.....	26,857 61	10,447 60	3,211 87	108,880 92
Estimate No. 5.....	8,244 80	7,919 61	5,328 01	97,352 55
Estimate No. 6.....	23,719 58	27,042 50	4,334 16	152,923 75
Estimate No. 7.....	19,232 28	12,706 06	2,690 59	177,632 07
Estimate No. 8.....	4,022 37	2,004 35	1,047 33	26,976 60
Estimate No. 9.....	46,869 97	75,567 20	16,265 26	457,911 39
Estimate No. 10.....	5,397 51	2,661 03	839 12	27,578 37
Estimate No. 11.....	28,710 95	17,586 24	6,358 34	133,881 54
Estimate No. 12.....	279 62	1,515 15	1,152 20	28,677 23

STATE HOSPITAL STATISTICS

TABLE No. 3

showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION		
	Men	Women	Total	Men	Women	Total
mental:						
Adverse conditions (such as loss of friends, business troubles, etc.).....	92	233	325	20	24	44
Mental strain, worry and overwork (not included in above).....	158	232	390	36	50	86
Religious excitement.....	9	10	19	1	1	2
Love affairs (including seduction).....	11	27	38	2	6	8
Fright and nervous shock	10	27	37	2	8	10
physical:						
Intemperance.....	582	174	756	94	36	130
Sexual excess.....	12	1	13			
Venereal diseases.....	191	31	222	29	4	33
Masturbation.....	41	5	46	9	2	11
Sunstroke.....	14	2	16	1		1
Accident or injury.....	64	15	79	11	7	18
Pregnancy.....		26	26		8	8
Parturition and puerperium.....		86	86		23	23
Lactation.....		11	11		2	2
Change of life.....		119	119		33	33
Fevers.....	4	7	11		2	2
Privation and overwork..	55	150	205	1	5	6
Epilepsy.....	94	91	185	18	16	34
Other convulsive disorders	1	3	4		1	1
Diseases of skull and brain.....	42	28	70	8	6	14
Old age.....	186	194	380	31	38	69
Exophthalmic goitre.....		2	2			
Epidemic influenza.....	5	7	12		1	1
Abuse of drugs.....	26	24	50	7	4	11
Loss of special sense.....	2		2	1		1
Uraemic poisoning.....	1		1			
Other auto-infection.....		2	2			
All other bodily disorders and ill health....	147	159	306	24	45	69

STATE HOSPITAL STATISTICS

TABLE No. 3—(Concluded)

the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION		
	Men	Women	Total	Men	Women	Total
Idiocy.....	208	283	491	249	399	648
Hereditary defect.....	66	34	100	22	12	34
Insanity sustained.....	1,098	1,400	2,498	706	770	1,476
Insane.....	43	19	62	3	1	4
Total.....	3,162	3,402	6,564	1,275	1,504	2,779

TABLE No. 4

forms of insanity in those admitted, recovered and died during the year ending September 30, 1905, and since October 1, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Idiocy.....	517	196	62
Paralysis.....	567	.....	414
Insanity.....	491	2	396
Insanity with insanity.....	190	21	89
Idiocy, idiocy with insanity.....	128	10	21
Psychoses.....	4,596	1,207	1,032
Insane.....	75	.....	1
Total.....	6,564	1,442	2,017

cases of alcoholism, drug habit, etc.

TABLE No. 5

Showing the number and percentage of annual recoveries and deaths since October 1, 1898, on the daily average number resident

		STATE HOSPITAL STATISTICS							
		Utica	Willard	Hudson River	Middletown	Buffalo	Binghamton	St. Lawrence	Rochester
1898-9									
Average daily population	645	2,004	475	536	384	1,100			310
Recoveries	126	20	102	101	90	19			16
Percentage	19.53	.99	21.47	18.84	23.43	1.72			6.16
Deaths	69	113	46	15	38	69			23
Percentage	10.69	6.64	9.68	2.79	9.90	6.27			7.42
1899									
Average daily population	690.9	2,052	573	578	412	1,096			329
Recoveries	135	13	106	105	130	17			15
Percentage	19.53	.63	18.48	18.16	29.12	1.55			4.55
Deaths	93	123	46	30	42	55			29
Percentage	13.46	5.99	8.03	5.19	10.19	5.01			8.81
1901									
Average daily population	796	2,055	733	709	509	1,136		227	352
Recoveries	108	36	93	113	139	34		29	18
Percentage	13.74	1.75	12.68	15.93	25.34	3.00		12.77	5.11
Deaths	97	168	96	43	70	77		26	23
Percentage	12.34	8.17	12.96	6.06	13.75	6.77		12.33	6.53
1902									
Average daily population	811	2,063	848	837	614	1,143		496	361
Recoveries	87	81	85	125	108	28		77	22
Percentage	10.72	3.92	10.02	15.11	17.58	2.27		15.85	6.77
Deaths	80	191	113	67	87	87		43	36
Percentage	9.86	9.26	13.33	8.10	9.26	7.61		8.64	9.18
1903									
Average daily population	923	2,140	939	976	590	1,258		633	395
Recoveries	35	41	90	107	102	32		71	24
Percentage	9.20	1.91	9.57	10.96	17.02	2.54		11.23	6.07
Deaths	94	165	108	79	51	80		75	33
Percentage	10.18	7.75	11.50	8.09	8.51	6.36		11.87	8.36

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Deaths.....	1,004	2,186	1,483	1,097	800	1,222	1,152	459
Percentage.....	94	61	121	106	102	61	68	30
Average daily population.....	9.36	2.78	8.16	9.68	12.75	4.99	5.90	6.53
Recoveries.....	9.8	143	149	82	73	82	128	55
Percentage.....	9.76	6.53	10.05	7.47	0.12	6.71	11.11	11.98
Deaths.....	1,004	2,300	1,502	1,154	1,021	1,249	1,271.4	492.27
Percentage.....	78	79	128	100	114	54	82	35
Average daily population.....	7.76	3.60	8.52	8.66	11.16	4.32	6.45	7.31
Recoveries.....	8.5	144	175	74	116	86	111	44
Percentage.....	8.46	6.54	11.65	6.41	11.36	6.88	8.73	8.93
Deaths.....	1,014	2,358	1,568	1,193	1,193	1,325	1,331.9	522.5
Percentage.....	100	63	132	94	72	67	60	34
Average daily population.....	9.86	2.79	8.42	7.87	6.03	5.05	4.50	6.51
Recoveries.....	70	162	145	77	98	86	81	45
Percentage.....	6.90	7.17	9.25	6.45	8.21	6.49	6.09	8.60
Deaths.....	1,014	2,261	1,813	1,218	1,519	1,338.9	1,389.66	553
Percentage.....	79	61	126	75	77	66	81	44
Average daily population.....	7.78	2.69	6.96	6.16	5.07	4.93	5.83	7.96
Recoveries.....	62	132	186	77	144	103	118	43
Percentage.....	6.11	5.84	10.26	6.32	9.46	7.09	8.49	7.77
Deaths.....	1,099	2,251	2,056	1,228	1,687	1,341	1,472	563
Percentage.....	70	57	122	79	86	60	93	40
Average daily population.....	6.36	2.53	5.93	6.43	5.09	4.47	6.32	7.10
Recoveries.....	91	143	231	82	126	117	133	57
Percentage.....	8.26	6.35	11.23	6.68	7.41	8.72	9.03	10.12
Deaths.....	1,112	2,270	2,067	1,219	1,837	1,353.5	1,360	555
Percentage.....	65	50	150	81	88	74	81	40
Average daily population.....	5.84	2.20	7.19	6.64	4.79	5.46	5.19	7.21
Recoveries.....	90	138	174	65	123	106	151	71
Percentage.....	8.09	6.08	8.32	5.33	6.69	7.83	9.67	12.79

STATE HOSPITAL STATISTICS

Showing the number and percentage of annual recoveries and deaths since October 1, 1898, on the daily average number resident

	Utica	Willard	Hudson River	Middletown	Buffalo	Binghamton	St. Lawrence	Rochester
1901								
Average daily population.....	1,128	2,250	2,069	1,243	1,876	1,376	1,646	564
Recoveries.....	772	54	186	89	90	74	87	50
Percentage.....	6.38	2.39	7.94	7.16	4.79	5.37	5.28	8.86
Deaths.....	95	173	211	68	140	114	125	62
Percentage.....	8.42	7.67	10.10	5.47	7.46	8.28	7.59	10.99
1902								
Average daily population.....	1,124	2,253	2,108	1,273	1,814	1,382	1,682	605
Recoveries.....	66	50	112	88	87	55	89	52
Percentage.....	5.87	2.22	5.31	6.91	4.79	3.96	5.29	8.59
Deaths.....	93	144	174	60	150	101	146	76
Percentage.....	8.27	6.39	8.25	4.71	8.27	7.31	8.68	12.55
1903								
Average daily population.....	1,115	2,241	2,087	1,306	1,761	1,398	1,709	655
Recoveries.....	53	65	115	93	94	65	93	69
Percentage.....	4.75	2.90	5.51	7.12	5.33	4.65	5.44	10.52
Deaths.....	92	131	175	53	164	95	138	81
Percentage.....	8.25	5.84	8.38	4.06	9.31	6.79	8.07	12.35
1904								
Average daily population.....	1,102	2,225	2,162	1,308	1,634	1,400	1,717	687
Recoveries.....	67	60	88	79	89	60	79	51
Percentage.....	6.08	2.69	4.07	6.04	5.44	4.28	4.60	7.42
Deaths.....	105	136	186	54	130	132	185	102
Percentage.....	9.52	6.11	8.60	4.12	7.95	9.43	7.86	14.84
1905								
Average daily population.....	1,152	2,226	2,264	1,287	1,659	1,429	1,717.44	765.58
Recoveries.....	76	71	81	65	87	98	85	56
Percentage.....	6.59	3.18	3.57	5.04	5.24	6.86	4.94	7.31
Deaths.....	111	228	228	80	114	127	120	85
Percentage.....	9.63	7.54	1.07	6.21	6.86	8.88	6.98	11.10

STATE HOSPITAL STATISTICS

	Gowanda	Kings Park	Long Island	Manhattan	Manhattan, East	Manhattan, West	Central Islip	All Hospitals
1899-9								
Average daily population.....	1,727	4,825	.....	.....	.....	12,016
Recoveries.....	102	186	.....	.....	.....	762
Percentage.....	5.90	3.85	.....	.....	.....	6.34
Deaths.....	134	473	.....	.....	.....	980
Percentage.....	7.75	9.78	.....	.....	.....	8.13
1890								
Average daily population.....	1,826	4,969	.....	.....	.....	12,535.9
Recoveries.....	115	273	.....	.....	.....	899
Percentage.....	6.28	5.49	.....	.....	.....	7.17
Deaths.....	192	478	.....	.....	.....	1,088
Percentage.....	10.45	9.63	.....	.....	.....	8.68
1891								
Average daily population.....	1,948	5,219	.....	.....	.....	13,674
Recoveries.....	109	190	.....	.....	.....	859
Percentage.....	5.59	3.64	.....	.....	.....	6.28
Deaths.....	191	514	.....	.....	.....	1,306
Percentage.....	9.80	9.84	.....	.....	.....	9.55
1892								
Average daily population.....	2,051	5,575	.....	.....	.....	14,798
Recoveries.....	89	166	.....	.....	.....	866
Percentage.....	4.33	2.97	.....	.....	.....	5.85
Deaths.....	213	599	.....	.....	.....	1,474
Percentage.....	10.38	10.56	.....	.....	.....	9.96
1893								
Average daily population.....	2,116	5,918	.....	.....	.....	15,696
Recoveries.....	126	146	824
Percentage.....	5.95	2.46	5.18
Deaths.....	182	697	1,554
Percentage.....	8.60	11.60	9.77

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1895		1896		1897		1898	
Average daily population.....	2,339	6,578	19,212	6,873	19,901.4	20,631.56	
Recoveries	85	145	176	147	951	1,018	
Percentage.....	3.63	2.20	2.57	2.14	4.78	4.93	
Deaths.....	220	636	793	629	1,592	4,93	
Percentage.....	9.40	9.67	11.59	9.15	7.99	24.07	
1896		1897		1898			
Average daily population.....	2,475	6,844	19,212	6,713	19,901.4	20,631.56	
Recoveries	101	176	176	223	951	1,018	
Percentage.....	4.08	2.57	2.57	3.32	4.78	4.93	
Deaths.....	226	793	793	629	1,592	4,93	
Percentage.....	9.13	11.59	11.59	9.15	7.99	24.07	
1897		1898		1899			
Average daily population.....	2,623	6,873	19,212	6,713	19,901.4	20,631.56	
Recoveries	182	147	176	223	951	1,018	
Percentage.....	6.94	2.14	2.57	3.32	4.78	4.93	
Deaths.....	199	629	793	629	1,592	4,93	
Percentage.....	7.58	9.15	11.59	9.15	7.99	24.07	
1898		1899		1900			
Average daily population.....	2,812	6,713	19,212	6,713	19,901.4	20,631.56	
Recoveries	186	223	176	223	951	1,018	
Percentage.....	6.61	3.32	2.57	3.32	4.78	4.93	
Deaths.....	285	629	793	629	1,592	4,93	
Percentage.....	10.13	9.15	11.59	9.15	7.99	24.07	

STATE HOSPITAL STATISTICS

TABLE No. 7

the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Infectious dis-						
fever.....	6		6	78	49	127
ever.....				1		1
.....				2	1	3
.....				1	6	7
.....				2	2	4
.....	1	1	2	27	80	107
spinal menin-				2		5
.....		2	2	2	8	10
.....	5	6	11	97	89	186
.....	5	14	19	108	73	181
.....	7	17	24	120	172	292
affections.....				1	4	5
.....		1	1	14	18	32
.....	121	181	302	1,387	2,837	4,224
.....				2		2
.....						
.....				4	6	10
.....					2	2
.....					1	1
.....	2		2	15	15	30
.....				3	13	16
.....						
.....	1		1	13	12	25
.....	4	6	10	767	939	1,706
.....	60	97	157			
.....	5	1	6	87	61	148
.....				3	1	4

STATE HOSPITAL STATISTICS

TABLE No. 7—(Continued)

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
Diseases of the digestive system <i>Continued:</i>					
Diseases of the peritonæum.....	1	8	9	77	7
Diseases of the respiratory system:					
Diseases of the nose and larynx.....				6	
Diseases of the bronchi.....	19	21	40	145	13
Diseases of the lungs.....	135	102	237	1,896	1,29
Diseases of the pleura.....	3		3		
Diseases of the circulatory system:					
Diseases of the pericardium.....	1	1	2	19	7
Diseases of the heart.....	117	143	260	1,545	1,54
Arterio-sclerosis.....	18	13	31		
Aneurism.....	1		1	21	1
Diseases of the blood and ductless glands:					
Anemia, pernicious anemia and leukæmia.....		2	2	10	2
Hodgkin's disease, Addison's disease and myxedema.....				4	
Exophthalmic goitre.....					
Diseases of the genito-urinary system.....	37	55	92	101	73
Nephritis.....		1	1	19	1
Diseases of the nervous system:					
Diseases of the nerves.....	1	2	3	2	1
Diseases of the spinal cord.....	2	1	3	48	2
Diseases of the meninges.....	9	7	16	170	8

STATE HOSPITAL STATISTICS

TABLE No. 7—(Concluded)

causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
of the nervous system—Continued: diseases of brain (tumor, apoplexy, embolism, thrombosis, hem- orrhage and other lesions).....	52	63	115	918	984	1,902
functional nervous diseases (paralysis agitans, chorea, ec- clampsia, hysteria, asthenia).....	1	1	2	10	61	71
Intoxication.....	29	17	46	558	326	882
Intoxication of acute alcoholic diseases....	69	61	130	1,300	1,381	2,681
Intoxication of chronic mental diseases.....						
General paralysis of the insane.....	283	59	342	3,608	680	4,288
Diabetes; heat- stroke; obesity:						
Diabetes.....	1	1	2	8	3	11
Heatstroke.....	1		1	2	1	3
Alcohol poisoning.....				11	5	16
Stroke.....					1	1
Of old age.....	33	46	79	638	903	1,541
.....	8	4	12	73	37	110
.....	5		5	96	42	138
and gynecological diseases and of the skin....	4		4	192	398	590
and new growths of the skin.....	8	28	36			
Unexplained.....					1	1
Total.....	1,055	962	2,017	14,913	13,261	28,174

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TABLE No. 8

to insanity in patients admitted during the current year and since October 1, 1888

YEAR ENDING SEPTEMBER 30, 1905.			SINCE OCTOBER 1, 1888	
Men	Women	Total	Men	Women
199	217	416	2,841	2,629
189	299	488	2,932	3,529
39	42	81	538	589
227	322	549	3,178	4,013
1,810	1,575	3,385	21,563	20,484
698	947	1,645	14,339	13,980
.....	.....	.....	84	17
3,162	3,402	6,564	45,475	45,241

TABLE No. 9

patients admitted during the current year and since October 1, 1888

YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
Men	Women	Total	Men	Women
1,567	1,330	2,897	22,324	16,891
1,298	1,480	2,778	18,181	19,138
215	500	715	3,680	7,887
26	46	72	235	312
56	46	102	1,055	1,013
3,162	3,402	6,564	45,475	45,241

STATE HOSPITAL STATISTICS

TABLE No. 10

Degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
.....	56	28	84	962	214	1,176
.....	112	152	264	1,555	1,974	3,529
school.....	1,777	1,804	3,581	24,827	20,994	45,821
write.....	527	481	1,008	7,866	8,610	16,476
y.....	30	94	124	1,365	2,135	3,500
tion.....	236	226	462	2,918	4,259	7,177
ained.....	424	617	1,041	5,982	7,055	13,037
.....	3,162	3,402	6,564	45,475	45,241	90,716

STATE HOSPITAL STATISTICS

TABLE No. II
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	109	102	211	126	97	223	1,483	1,395	2,878	2,076	1,590	3,666
One to three months.....	109	103	212	131	90	221	1,672	1,280	2,952	1,819	1,353	3,172
Three to six months.....	88	54	142	108	58	166	1,070	764	1,834	1,551	1,101	2,652
Six to nine months.....	61	36	97	70	47	117	961	592	1,553	986	785	1,771
Nine months to one year....	65	19	84	55	38	93	469	330	799	813	645	1,458
One year to eighteen months..	95	84	179	94	70	164	1,185	712	1,897	1,327	1,048	2,375
Eighteen months to two years.	41	34	75	54	45	99	398	299	697	782	629	1,411
Two to three years.....	65	73	138	79	79	158	1,093	836	1,929	1,286	1,058	2,344
Three to four years.....	49	46	95	45	76	121	641	531	1,172	818	897	1,715
Four to six years.....	59	62	121	61	88	149	718	643	1,361	985	1,084	2,069
Six to ten years.....	33	45	78	88	113	201	588	639	1,227	1,132	1,294	2,426
Ten to twenty years.....	50	71	121	95	115	210	661	746	1,407	965	1,230	2,195
Twenty years and over.....	23	37	60	33	46	79	387	496	883	357	546	903
Not insane*	.....	.....	.....	.....	.....	.....	10	6	16	.....	1	1
Unascertained.....	208	196	404	16	.....	16	3,577	3,992	7,569	16	.....	16
Total.....	1,055	962	2,017	1,055	962	2,017	14,913	13,261	28,174	14,913	13,261	28,174

STATE HOSPITAL STATISTICS

TABLE No. 12

ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
to 10 years.....	1	.....	1	4	4	8
to 15 years....	6	2	8	137	103	240
to 20 years....	134	127	261	1,955	1,797	3,752
to 25 years....	303	312	615	4,508	4,302	8,810
to 30 years....	332	353	685	5,428	5,410	10,838
to 35 years....	429	430	859	5,762	5,565	11,327
to 40 years....	434	421	855	6,097	5,424	11,521
to 50 years....	687	764	1,451	9,110	9,002	18,112
to 60 years....	394	471	865	5,912	6,181	12,093
to 70 years....	271	315	586	3,706	3,958	7,664
to 80 years....	127	157	284	1,956	2,166	4,122
to 90 years....	28	45	73	523	596	1,119
and over.....	.....	1	1	24	32	56
ained.....	16	4	20	353	701	1,054
.....	3,162	3,402	6,564	45,475	45,241	90,716

TABLE No. 13

ages of those discharged recovered during the current year and
since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
to 10 years.....	.....	.....	.....	.....	1	1
to 20 years....	53	41	94	543	646	1,189
to 30 years....	191	223	414	2,292	2,858	5,150
to 40 years....	161	197	358	2,207	2,441	4,648
to 50 years....	188	150	338	1,806	1,611	3,417
to 60 years....	81	84	165	924	866	1,790
to 70 years....	45	36	81	431	300	731
to 80 years....	7	6	13	95	60	155
years.....	.....	.....	.....	5	3	8
ained.....	1	.....	1	16	12	28
.....	705	737	1,442	8,319	8,798	17,117

STATE HOSPITAL STATISTICS

TABLE No. 14

Showing ages of patients who died during the current year
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER	
	Men	Women	Total	Men	Women
From 10 to 15 years.....	.....	.....	.....	7	15
From 15 to 20 years.....	12	8	20	172	111
From 20 to 25 years.....	25	18	43	504	486
From 25 to 30 years.....	43	34	77	801	744
From 30 to 35 years.....	79	74	153	1,293	996
From 35 to 40 years.....	107	70	177	1,777	1,147
From 40 to 50 years.....	240	182	422	3,194	2,377
From 50 to 60 years.....	189	167	356	2,645	2,396
From 60 to 70 years.....	189	177	366	2,286	2,363
From 70 to 80 years.....	129	159	288	1,621	1,831
From 80 to 90 years.....	34	64	98	554	670
Over 90 years.....	.....	6	6	19	60
Unascertained.....	8	8	11	40	28
Total.....	1,055	962	2,017	14,913	13,261

STATE HOSPITAL STATISTICS

TABLE No. 15

alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
one month.....	533	604	1,137
three months.....	428	435	863
to six months.....	248	207	455
nine months.....	188	167	355
months to one year.....	100	88	188
ar to eighteen months.....	239	200	439
en months to two years.....	88	72	160
three years.....	199	209	408
to four years.....	123	116	239
to five years.....	71	86	157
to ten years.....	216	263	479
fifteen years.....	111	188	299
to twenty years.....	66	130	196
y to thirty years.....	52	120	172
years and upwards.....	23	61	84
ane*.....	45	19	64
retained.....	432	369	801
total.....	3,162	3,402	6,564

*Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 16

Showing period of residence in asylum of patients remaining
treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women
Under one month.....	396	477
One to three months.....	429	646
Three to six months.....	450	687
Six to nine months.....	340	419
Nine months to one year.....	343	418
One year to eighteen months.....	599	720
Eighteen months to two years.....	639	890
Two to three years.....	1,171	1,088
Three to four years.....	718	1,100
Four to five years.....	654	713
Five to ten years.....	2,828	3,145
Ten to fifteen years.....	1,898	1,885
Fifteen to twenty years.....	840	834
Twenty to thirty years.....	558	589
Thirty years and upwards.....	128	124
Not insane*.....	3	.....
Total.....	11,994	13,524

*Includes cases of alcoholism, morphia habit, etc.

TABLE No. 17

Showing the occupation of those admitted during the current year
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
Professional: Clergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.....	96	0	105	1,575	128
Commercial: Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.....	395	2	387	6,575	91

STATE HOSPITAL STATISTICS

TABLE No. 18

Showing the nativity of patients admitted during the current
since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
Total admissions.....	3,162	3,402	6,564	45,475	45,241
Total born in United States.....	1,782	1,736	3,518	24,997	21,891
Africa.....				8	
Algeria.....				1	
Antigua.....	1		1	1	
Arabia.....				4	
Armenia.....	3	1	4	15	
Austria.....	86	69	155	620	63
Australia.....				6	
Azores (Portugal).....					
Bahama Islands.....				1	
Barbados.....				4	
Bavaria.....	3	2	5	25	1
Belgium.....		1	1	22	1
Bohemia.....	15	8	23	105	15
Born at sea.....				3	
Brazil.....				1	
Bulgaria.....				1	
Burmah.....					
Canada.....	49	68	117	850	93
Canaries.....				3	
Central America.....				2	
China.....	4		4	69	
Corsica.....				1	
Cuba.....	1		1	26	2
Denmark.....	9	5	14	102	8
East Indies.....				1	
Ecuador.....				1	
Egypt.....				3	
England.....	78	88	166	1,441	1,26
Finland.....	4	9	13	44	6
France.....	14	10	33	344	26
Galicia.....					
Germany.....	327	160	687	5,097	4,96
Greece.....	1		1	33	
Holland.....	6	4	10	82	7
Hungary.....	32	43	75	290	36
Iceland.....				1	
Indian (American).....				5	
Ireland.....	322	584	906	5,831	9,48

STATE HOSPITAL STATISTICS

TABLE No. 18—(Concluded)

the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Man.....					1	1
.....	96	70	166	1,004	587	1,591
.....	1		1	6	2	8
.....					1	1
.....	2		2	14	2	16
.....	1		1	1		1
nia.....					1	1
onia.....					1	1
.....					1	1
.....				7	1	8
egro.....	1		1	1		1
.....	2		2	8	1	9
.....	1		1	1		1
y.....	16	12	28	146	105	251
runswick.....				3	1	7
undland.....				3	3	6
scotia.....		1	1	10	11	21
British possessions.....				30	1	35
America.....				11	2	13
ne.....		1	1		1	1
.....				1		1
ines.....				1		1
.....	81	32	113	277	213	490
Rico.....	1		1	3		3
.....				8	9	17
nia.....	10	10	20	62	71	133
.....	96	159	255	1 251	1,400	2,651
ch Islands.....				1		1
.....				1	3	4
d.....	12	21	33	340	321	667
.....				1		1
.....	5		5	40	6	46
.....	27	48	75	463	502	965
land.....	11	10	18	228	203	431
.....	1	5	6	1	10	14
.....	3		3	34	9	43
Colombia.....					2	2
rtained.....	44	27	71	1,291	1,385	2,676
ela.....					1	1
.....	4	5	9	79	75	154
ndies.....	13	4	17	96	39	135

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E HOSPITAL STATISTICS

County	1870	1880	1890	1900	1910	1920
Cattaraugus.....	1	1	30	36	.	2
Cayuga.....			30		1	1
Chautauque.....					1	
Chemung.....	1	1				
Chenango.....						
Clinton.....						
Columbia.....			1	30		
Cortland.....				1		
Delaware.....					3	
Dutchess.....				116	6	1
Erie.....			1	2	1	302
Fassett.....						
Franklin.....						
Fulton.....	30	2				
Genesee.....			7	7		2
Greene.....				13	14	3
Hamilton.....	1	1				
Herkimer.....	39	39				
Jefferson.....	1	1				
Kings.....			161	161	3	
Lewis.....						
J Livingston.....						
Madison.....	2	2				1
Monroe.....						
Montgomery.....	39	39				

STATE HOSPITAL STATISTICS

[illegible]

STATE HOSPITAL STATISTICS

TABLE No. 19—(Continued)

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	BINGHAMTON STATE HOSPITAL			ST. LAWRENCE STATE HOSPITAL			ROCHESTER STATE HOSPITAL			KINGS PARK STATE HOSPITAL			LONG ISLAND STATE HOSPITAL		
	Public	Private	Total	Public	Private	Total	Public	Private	Total	Public	Private	Total	Public	Private	Total
Albany	2		2												
Allegany							1		1						
Broome	67	4	71												
Cattaraugus															
Cayuga	2		2												
Chautauque															
Chemung	47		47												
Chenango	21		21												
Clinton				24		24									
Columbia															
Cortland	17		17												
Delaware	24	1	25												
Dutchess															
Erie	2		2				2		2						
Essex															
Franklin				8		8									
Fulton	1		1	24		24									
Genesee							70		70						
Greene															
Hamilton															
Herkimer	1		1												
Jefferson				33	1	34	1		1						
Kings	39		39				189		189	541		541	208		208
Lewis															
Livingston	1		1	13		13									
Madison	22		22	1		1	56		56						
Monroe															
Montgomery	1		1				252	1	253						

STATE HOSPITAL STATISTICS

Oswego.....	26	36	56	2	290	746	1	747	594	594	273	273
Fulton.....												
Queens.....												
Kennecott.....												
Richmond.....												
Rochester.....												
St. Lawrence.....												
Saratoga.....	4	4	56	2	56							
Bohemia.....	2	2										
Schoharie.....	12	12										
Schuyler.....												
Seneca.....												
Staten.....												
Suffolk.....												
Sullivan.....												
Tioga.....	23	23										
Tompkins.....												
Ulster.....												
Warren.....	1	1										
Washington.....												
Wayne.....												
Westchester.....												
Wyoming.....												
Yates.....												
Unascertained.....												
Soldiers' Homes.....												
Total.....	337	343	284	6	290	746	1	747	594	594	273	273

STATE HOSPITAL STATISTICS

	1,500	1,500	548	548	151	6,495	79	6,574
Omaha	11	11	8			26		26
Pennam	11	11	8			10		10
Queens	3	3				41		41
Rensselaer	16	16	11			101	1	102
Richmond						31		31
Rockland						18	8	26
Rt. Lawrence						56	2	58
Saratoga						31		31
Schenectady						38		38
Subsidiary						14		14
Schoharie						16		16
Schuyler	1	1				24		24
Seminoe						41		41
Steuben	4	4	30	20		64		64
Suffolk						18	2	20
Sullivan						24	1	25
Tioga						13		13
Templeton						53	3	56
Ulster						20		20
Warren						21	1	22
Washington						39		39
Wayne						118	3	121
Westchester	4	4				31	1	32
Wyoming						10		10
Yates						2		2
Unascertained								
Soldiers' Home								
Total	1,500	1,500	548	548	151	6,495	79	6,574

10TH ANNUAL REPORT OF THE

PATE HOSPITAL STATISTICS

	No.	Wc.	Tm.	No.	Wc.	Tm.	No.	Wc.	Tm.	No.	Wc.	Tm.	No.	Wc.	Tm.	No.	Wc.	Tm.
Albany.....	27	5	39	1	1	2	50	88	128	193	246	439	2	3	5			
Allegany.....	1		1	1	1	1	50	51	101	1								
Broome.....																		
Cattaraugus.....	1	1	2	2	2	2	90	76	174									
Cayuga.....							20	26	50				1		1			
Chemung.....		3	3	1	1	1												
Chenango.....	1	1	1	1	1	1				2			1		2			
Clinton.....								2	2	58	50	103	1	1	2			
Columbia.....																		
Cortland.....		1	1															
Delaware.....																		
Dutchess.....	1	1	2	1	1	1	42	1	46	186	108	354	5	4	9			
Erie.....	1		1	1	1	1				1								
Essex.....							2	2	4									
Franklin.....							10	3	13									
Fulton.....	46	48	94	1	1	2	10	4	14									
Genesee.....							1		1									
Greene.....	1		1	1	1	1	4	1	5	28	31	69	1	1	1			
Hamilton.....	2		2	1	1	1												
Herkimer.....	41	72	116	1	1	1	5	7	12									
Jefferson.....																		
Kings.....		1	1	1	1	1	29	139	161				1	1	2			
Lewis.....							5	1	6	4	8	7						

STATE HOSPITAL STATISTICS

Orange.....	2	2	14	583	1,120	14	24	38	1,137	1,167	2,394	1	1,086	1,168	2,254	14	24	38	
Orleans.....																			
Oswego.....		2							2	6	7								
Otsego.....		1																	
Putnam.....										3	3				25	21			
Queens.....	10								17	12	29				24	14			
Rensselaer.....									6	40	46				204	204	1		
Richmond.....									1	8	9				32	10			
Rockland.....									1		1				1				
St. Lawrence.....																			
Saratoga.....	31	60	91						9	12	21				2	4			
Schenectady.....	46	53	99	1					6	9	15				1				
Schoharie.....	1	2	3																
Schoyler.....									34	27	61								
Seneca.....									46	40	86								
Steuben.....	1								110	94	204								
Suffolk.....									5	4	9				8				
Sullivan.....									1		1								
Tioga.....																			
Tompkins.....									47	54	101								
Ulster.....										15	15				26	23	1		
Warren.....	17	31	48						1	3	4							1	
Washington.....	7	2	9							10	10				83	31			
Wayne.....									72	44	116								
Westchester.....		1	1						11	35	46				240	221	9	10	
Wyoming.....	1																		
Yates.....									22	30	60								
Unascertained.....																			
Soldiers' Home.....									27		27								
State patients.....									15	2	17				6				
Total.....	537	583	1,120	14	583	1,120	14	24	38	1,137	1,167	2,394	1	1,086	1,168	2,254	14	24	38

STATE HOSPITAL STATISTICS

	1	2	3	4	5	6	7	17	24	708	746	1,454	7	6	18
Orleans	1	2													
Oswego										44	59	103			
Otsego											1	1			
Pennam	1	1									1	1			
Queens	17	16								5	20	43			
Rensselaer	1	1								2	2	4			
Richmond	7	12								1	3	4			
Rockland	45	47													
St. Lawrence															
Saratoga	4	5								17	15	32			
Schenectady		1								2		2			
Schoharie	1									23	33	56			
Schoyler											1	1			
Seneca															
Steuben										10	12	23			
Suffolk	31	28								5	4	9			
Sullivan	49	53								2	1	3			
Tioga		5								26	43	79			
Tompkins															
Ulster	79	104								8	5	13			
Warren										6	3	9			
Washington	2	9										1			
Wayne	2	2													
Westchester	8	12								8	31	29			
Wyoming															
Yates															
Uncertained										5	2	7			
Soldiers' Home															
State patients															
Total	528	622	1,150	60	76	136	772	905	1,677	7	17	24	708	746	1,454

STATE COMMISSION IN LUNACY

STATE HOSPITAL STATISTICS

[illegible]

STATE HOSPITAL STATISTICS

TABLE NO. 26—(Continued)

Showing the residence by counties and classification of patients remaining under treatment in the State hospitals September 30, 1905

COUNTIES	GOWANDA STATE HOMOEOPATHIC HOSPITAL						ALL HOSPITALS					
	PUBLIC			PRIVATE			PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Albany.....	8	2	11	..	..	..	241	233	729	4	5	9
Allegheny.....	..	1	1	..	..	..	52	55	107	..	..	..
Broome.....	..	..	..	..	..	..	120	120	240	..	3	3
Cattaraugus.....	66	79	145	..	..	..	71	52	123	..	1	1
Cayuga.....	..	..	..	..	..	..	102	79	181	..	2	2
Chemung.....	113	114	227	..	..	..	115	121	236	..	4	4
Chemung.....	1	..	1	..	..	..	114	106	220	..	2	2
Chenango.....	..	..	..	..	..	..	43	50	93	..	..	..
Clinton.....	..	..	..	..	..	..	44	48	92	..	..	..
Columbia.....	..	..	..	..	..	..	57	64	121	..	2	2
Cortland.....	..	..	..	..	..	..	31	45	76	..	1	1
Delaware.....	..	..	..	..	..	..	20	76	96	..	1	1
Dutchess.....	3	..	3	..	..	..	198	186	384	..	5	5
Erie.....	78	88	166	..	..	..	725	741	1,466	..	8	8
Essex.....	..	..	..	..	..	..	28	25	53	..	..	..
Franklin.....	..	..	..	..	..	..	45	45	90	..	..	..
Fulton.....	21	..	21	..	..	..	70	57	127	..	1	1
Genesee.....	1	3	4	..	..	..	42	50	92	..	..	..
Greene.....	..	..	..	..	..	..	51	49	100	..	2	2
Hamilton.....	..	..	..	..	..	..	3	..	3	..	..	..
Herkimer.....	2	2	4	..	..	..	80	86	166	..	1	1
Jefferson.....	..	..	..	..	..	..	53	90	143	..	2	2
Kings.....	..	..	..	..	..	..	1,746	2,181	3,927	..	9	9
Lewis.....	1	1	2	..	..	..	47	33	80	..	..	..
Livingston.....	..	..	..	..	..	..	29	42	71	..	1	1

STATE HOSPITAL STATISTICS

Orleans	1	1	67	33	34	112	111	159	270
Oswego	1	1	304	92	112	112	111	159	270
Otsego	1	1	108	44	59	108	111	159	270
Putnam	1	1	52	27	25	52	111	159	270
Queens	1	1	290	156	143	290	111	159	270
Rensselaer	1	1	559	268	291	559	111	159	270
Richmond	1	1	196	101	97	196	111	159	270
Rockland	1	1	99	48	51	99	111	159	270
St. Lawrence	1	1	242	107	135	242	111	159	270
Saratoga	1	1	187	80	107	187	111	159	270
Schenectady	1	1	128	64	64	128	111	159	270
Schoharie	1	1	61	26	35	61	111	159	270
Schuyler	1	1	64	35	29	64	111	159	270
Sebeca	1	1	69	49	40	69	111	159	270
Staten	1	1	233	126	107	233	111	159	270
Suffolk	1	1	249	130	119	249	111	159	270
Sullivan	1	1	109	52	57	109	111	159	270
Tioga	1	1	85	37	48	85	111	159	270
Tompkins	1	1	104	48	56	104	111	159	270
Ulster	1	1	268	119	149	268	111	159	270
Warren	1	1	75	30	45	75	111	159	270
Washington	1	1	102	45	57	102	111	159	270
Wayne	1	1	123	75	47	123	111	159	270
Westchester	1	1	590	287	303	590	111	159	270
Wyoming	1	1	60	31	29	60	111	159	270
Yates	1	1	61	23	38	61	111	159	270
Unascertained	1	1	1,027	684	343	1,027	111	159	270
Soldiers' Home	1	1	27	27	27	27	111	159	270
State patients	1	1	17	15	3	17	111	159	270
Total	406	390	785	11,883	13,365	25,248	111	159	270

STATISTICS
OF
CRIMINAL INSANE.

MATTEAWAN STATE HOSPITAL.

TABLE No. 1

movement of population for the year ending September 30, 1905

	Men	Women	Total
ing October 1, 1904.....	526	83	609
ed during year ending September 1905.....	62	12	74
original commitments:			55
om jails and penal institutions....	44	11	
transfers from other institutions for insane.....	18	1	19
number under treatment during year	588	95	683
verage population.....			627.096
ty of institution.....	470	80	550
arged during the year:			
ecovered.....	7	1	8
nproved.....	7	1	8
nimproved.....	4	1	5
ot insane (cocaine and morphine bitue).....	1		1
.....	17	3	20
number discharged during the year.	36	6	42
ing October 1, 1905.....	552	89	641

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 2

Showing assigned causes of insanity in the cases admitted during
ending September 30, 1905, and since September 30, 1875.*

CAUSES	YEAR ENDING SEPTEMBER- 30, 1905			SINCE SEPTEMBER 1875	
	Men.	Women.	Total	Men.	Women.
Moral:					
-Adverse conditions (such as loss of friends, business troubles, etc.).....		1	1	55	
Confinement in prison....		2	2	224	1
Mental strain, worry and overwork (not included in above).....				27	1
Love affairs including se- duction.....				1	
Fright and nervous shock.				1	
Physical:					
Intemperance.....	7	2	9	134	2
Sexual excess.....				15	
Venereal diseases.....	4	1	5	39	
Masturbation.....	1		1	153	
Sunstroke.....				12	
Accident or injury.....				55	
Parturition and puer- perium.....					
Change of life.....					
Fevers.....				5	
Privation and overwork....				1	
Epilepsy.....	2	1	3	55	1
Other convulsive disorders.				2	
Diseases of the skull and brain.....				5	
Old age.....				3	
Epidemic influenza.....				8	
Abuse of drugs.....	1		1	13	
All other bodily disorders and ill health.....				50	
Heredity.....	4		4	134	1
Congenital defect.....				48	
Unascertained.....	42	5	47	1,143	8
Not insane†.....	1		1	51	
Total.....	62	12	74	2,234	18

* The records of the hospital contain no reliable information, regarding the cause
disorder in those admitted prior to 1875.

† Includes cases of feigned insanity, alcoholism etc.

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 3

the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
se conditions (such as loss of friends, business troubles, etc.).....		1	
ment in prison.....		2	
perance.....	7	2	
real Diseases.....	4	1	
rbation.....	1		
sy.....	2	1	
of drugs.....	1		
ry.....	4		
tained.....	42	5	4
ne.....	1		
al.....	62	12	7

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 4

Showing forms of insanity in those admitted, recovered and died during the year ending September 30, 1905, and since October 1, 1888

FORM	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Admitted	Recovered	Died	Admitted	Recovered
Mania, acute delirious.....				1	
Mania, acute.....	14	5		395	102
Mania, recurrent.....	3			15	6
Mania, chronic.....	19		6	216	26
Melancholia, acute.....	8		3	322	114
Melancholia, simple.....	4	2		311	116
Melancholia, chronic....	4		2	87	4
Alternating (circular) insanity.....					
Paranoia.....	3			3	
General paralysis.....	5		2	63	
Dementia primary.....		1	1	101	8
Dementia, terminal.....	5		3	94	
Epilepsy with insanity..	3		3	69	4
Imbecility with maniacal attacks.....	5			99	4
Idiocy.....				3	
Not insane*.....	1			22	

* Includes cases of alcoholism, drug habit, etc.

STATE COMMISSION IN LUNACY

STATISTICS OF CRIMINAL INSANE - MATTEAWAN

TABLE No. 5

the causes of death of patients who died during the year number 30, 1905, and since the opening of the hospital, February 2,

CAUSES OF DEATH	DURING THE YEAR			SINCE THE YEAR 1900	
	Men	Women	Total	Men	Women
infectious diseases:					
typhoid fever.....				4	
tuberculosis.....	8		8	146	
constitutional diseases:					
diabetes mellitus and diabetes insipidus.....				2	
diseases of the digestive system:					
diseases of the stomach.....				1	
diseases of the intestines.....				6	
diseases of the liver.....				5	
diseases of the peritoneum.....				6	
diseases of the respiratory system:					
diseases of the lungs.....				21	
diseases of the pleura.....				4	
diseases of the circulatory system:					
diseases of the heart.....	2		2	22	
arterio-sclerosis.....				2	
anæmia.....				2	
diseases of the blood and ductless glands.....	1		1	1	
diseases of the genito-urinary system.....	1	1	2	23	
diseases of the nervous system:					
diseases of the meninges.....		1	1	3	
toxic diseases of the brain:					
tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....				18	
epilepsy.....				8	
mental diseases:					
onset of acute mental disease.....				2	
onset of chronic mental disease.....	1		1	10	
general paralysis of the insane.....	2		2	67	
dementia of old age.....	1		1	14	
other.....				1	
unrecorded.....				15	
total.....				13	
accidental and gynecological diseases and diseases of the skin.....				1	
total new growths or cancer.....	1	1	2	6	2
total.....	17	2	20	402	2

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STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905					SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Men	Women	Total	Men	Women	Total
Under one month.....	1	.....	1	.....	.....	121	2	123	.....	1	2
One to three months.....	.....	.....	.....	1	1	61	1	62	.....	1	15
Three to six months.....	.....	.....	.....	1	1	28	2	30	.....	2	45
Six to nine months.....	.....	.....	.....	.....	.....	15	.....	15	.....	1	64
Nine months to one year.....	.....	.....	.....	1	1	3	1	4	.....	4	52
One year to eighteen months.....	.....	.....	.....	.....	.....	8	1	9	.....	3	55
Eighteen months to two years.....	.....	.....	.....	1	1	1	.....	1	.....	2	61
Two to three years.....	.....	.....	.....	.....	.....	5	1	6	.....	.....	43
Three to four years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	24
Four to five years.....	.....	.....	.....	.....	.....	4	1	5	.....	2	10
Five to ten years.....	.....	.....	.....	3	.....	1	.....	1	.....	.....	13
Ten to twenty years.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Unascertained.....	6	1	7	.....	.....	118	9	127	.....	.....	.....
Total.....	7	1	8	7	1	366	18	384	366	18	384

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 7

hereditary tendency to insanity in cases admitted during the year ending September 30, 1905, and since October 1, 1888

	DURING THE YEAR			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
l branch.....	3	.....	3	71	8	79
l branch.....	1	1	2	99	12	111
l and maternal						
hes.....	2	.....	2	19	1	20
al branches.....	2	.....	2	91	8	99
ditary tendency.	2	.....	2	236	26	262
tained.....	52	11	63	1,132	99	1,231
al.....	62	12	74	1,648	154	1,802

TABLE No. 8

hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
l branch.....	3	.....	3	74	8	82
l branch.....	1	1	2	100	13	133
l and maternal						
hes.....	2	.....	2	21	1	22
al branches.....	2	.....	2	93	8	101
ditary tendency.	2	.....	2	238	26	264
tained.....	52	11	63	1,184	110	1,294
al.....	62	12	74	1,710	166	1,876

STATISTICS OF CRIMINAL INSANE—MATTHEWAN

TABLE No. 9

Showing civil condition of patients admitted during the current year
since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER	
	Men	Women	Total	Men	Women
Single.....	39	5	44	1,129	61
Married.....	20	4	24	437	59
Widowed.....	1	3	4	67	30
Divorced.....	1	.....	1	5	.....
Unascertained.....	1	.....	1	10	4
Total.....	62	12	74	1,648	154

TABLE No. 10

Showing the degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER	
	Men	Women	Total	Men	Women
Collegiate.....	2	.....	2	21	.....
Academic.....	1	.....	1	29	5
Common school.....	20	6	26	484	60
Read and write.....	30	6	36	812	60
Read only.....	.....	.....	.....	76	8
No education.....	11	.....	6	194	17
Unascertained.....	8	.....	8	32	.....
Total.....	62	12	74	1,648	154

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	3	1	4	.....	.....	.....	48	3	51	10	.....	10
One to three months.....	2	.....	2	.....	.....	1	38	.....	38	14	2	16
Three to six months.....	.....	.....	.....	.....	.....	1	17	3	20	12	.....	12
Six to nine months.....	.....	.....	.....	.....	.....	3	12	.....	12	17	2	19
Nine months to one year.....	.....	.....	.....	.....	.....	1	5	.....	5	14	3	17
One year to eighteen months.....	1	.....	1	.....	.....	1	11	.....	11	21	1	22
Eighteen months to two years.....	.....	.....	.....	.....	.....	.....	3	.....	3	21	2	23
Two to three years.....	.....	.....	.....	.....	.....	2	8	1	9	39	3	42
Three to four years.....	.....	.....	.....	.....	.....	.....	3	.....	3	27	1	28
Four to six years.....	.....	.....	.....	.....	.....	.....	3	.....	3	44	2	46
Six to ten years.....	.....	.....	.....	.....	.....	6	4	.....	4	49	2	51
Ten to twenty years.....	.....	.....	.....	.....	.....	1	10	.....	10	37	1	38
Twenty years and over.....	.....	.....	.....	.....	.....	1	9	1	10	21	2	23
Unascertained.....	11	2	13	.....	.....	.....	155	13	168	.....	.....	.....
Total.....	17	3	20	17	3	20	326	21	347	326	21	347
Average duration of insane life (give years and tenths).....				7.93						8.64		

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
From 10 to 15 years.....				1	
From 15 to 20 years.....	1		1	114	9
From 20 to 25 years.....	8	1	9	266	24
From 25 to 30 years.....	11	4	15	446	31
From 30 to 35 years.....	11	3	14	213	28
From 35 to 40 years.....	10	1	11	254	21
From 40 to 50 years.....	14	3	17	235	27
From 50 to 60 years.....	6		6	81	1
From 60 to 70 years.....	1		1	30	4
From 70 to 80 years.....				4	1
From 80 to 90 years.....				1	
Total.....	62	12	74	1,648	154

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
From 10 to 20 years.....				10	
From 20 to 30 years.....	2		2	201	7
From 30 to 40 years.....	3	1	4	108	8
From 40 to 50 years.....	2		2	30	2
From 50 to 60 years.....				12	1
From 60 to 70 years.....				4	
From 70 to 80 years.....				1	
Total.....	7	1	8	366	18

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 14

the ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888;		
	Men	Women	Total	Men	Women	Total
5 to 20 years.....				4		4
0 to 25 years.....				18	3	21
5 to 30 years.....	1		1	43	2	45
0 to 35 years.....	2		2	41	2	43
5 to 40 years.....	2		2	50	2	52
0 to 50 years.....	5	1	6	62	5	67
0 to 60 years.....	3	1	4	34	1	35
0 to 70 years.....	4		4	35	2	37
0 to 80 years.....		1	1	18	1	19
0 to 90 years.....				3		3
0 years.....				1		1
Total.....	17	3	20	309	18	327

TABLE No. 15

alleged duration of insanity previous to admission of patients admitted
during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
three months.....	1		6
o six months.....	2		2
ar to eighteen months.....	3	1	4
three years.....	2		2
o four years.....	3		3
o five years.....	1		1
ten years.....	1		1
fifteen years.....	2		2
to twenty years.....	1		1
ane*.....	1		1
rtained.....	40	11	51
Total.....	62	12	74

es cases of alcoholism, morphia habits, etc.

TH ANNUAL REPORT OF THE

F CRIMINAL INSANE—MATTEAWAN

TABLE No. 16

in asylum of patients remaining under treatment
September 30, 1905

RESIDENCE	Men	Women
.....	4	.....
.....	2	1
.....	20	5
.....	12	1
.....	17	4
ths.....	12	7
years.....	23	10
.....	24	5
.....	45	9
.....	28	9
.....	156	10
.....	142	16
.....	43	8
.....	15	2
.....	9	2
.....	552	89

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 17

the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
military and naval						
s, physicians, law-						
architects, artists, au-						
civil engineers, sur-						
, etc.....	1		1	33		33
Commercial:						
merchants, account-						
clerks, salesmen,						
keepers, shopmen, ste-						
phers, typewriters,	8		8	130		130
Cultural and pas-						
toral:						
gardeners, herds-						
etc.....	7		7	101		101
Mechanics at out-door						
vocations:						
miths, carpenters, en-						
tlers, sawyers, paint-						
lice, etc.....	12		12	303	1	304
Mechanics, etc., at seden-						
tary vocations:						
kers, bookbinders,						
itors, weavers, tail-						
kers, etc.....	10		10	355	2	357
Domestic service:						
cooks, servants, etc.	1	3	4	76	92	168
Educational and higher						
domestic duties:						
esses, teachers, stu-						
housekeepers, nurses,						
.....		5	5		24	33
Commercial:						
pers, saleswomen,						
raphers, typewriters,						
.....				10	3	13
Employed in sedentary						
occupation.:						
ees, seamstresses,						
inders, factory work-						
e.....		1	1	1	17	18

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1904	
	Men	Women	Total	Men	Women
Miners, seamen, etc.....				51	
Prostitutes.....		3	3		
Laborers.....	21		21	513	
No occupation.....	1		1	1	
Unascertained.....	1		1	16	
Total.....	62	12	74	1,648	15

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
Algiers.....				4		4
Austria.....				20	2	22
Australia.....				2		2
Belgium.....				1		1
British India.....				1		1
British North America.....				1	1	2
Bohemia.....				4		4
Canada.....	1	1	2	34	2	36
China.....				5		5
Cuba.....				2		2
Denmark.....				1		1
England.....				50	3	53
France.....				8	2	10
Germany.....	5	2	7	151	8	159
Greece.....				3		3
Holland.....				5		5
Hungary.....	2		2	5		5
Ireland.....	5	2	7	132	34	166
Italy.....	9		9	113	5	118
Malta.....				1		1
Norway.....				1	1	2
Nova Scotia.....	1		1	1		1
Persia.....				1		1
Poland.....	1		1	17	3	20
Russia.....	3	1	4	36	5	41
Scotland.....				9	2	11
Sicily.....				1		1
Sweden.....				6	1	7
Switzerland.....				7		7
United States.....	35	6	41	983	80	1,063
West Indies.....				6	1	7
Unascertained.....				37	4	41

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 19

Showing the residence by counties and classification of patients
during the year ending September 30, 1905

COUNTIES	Public	Private
Albany.....	1	
Allegany.....		
Broome.....		
Cattaraugus.....	1	
Cayuga.....		
Chautauqua.....		
Chemung.....	1	
Chenango.....	1	
Clinton.....	1	
Columbia.....		
Cortland.....		
Delaware.....		
Dutchess.....	2	
Erie.....	6	
Essex.....	1	
Franklin.....		
Fulton.....		
Genesee.....		1
Greene.....		
Hamilton.....		
Herkimer.....		
Jefferson.....		
Kings.....	12	
Lewis.....		
Livingston.....		
Madison.....		
Monroe.....	6	
Montgomery.....		
Nassau.....		
New York.....	19	
Niagara.....		
Oneida.....	1	
Onondaga.....	3	
Ontario.....	2	
Orange.....		
Orleans.....		
Oswego.....	1	
Otsego.....		
Putnam.....		
Queens.....		
Rensselaer.....		
Richmond.....		
Rockland.....		
St. Lawrence.....		

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	4		4
Suffolk.....	1		1
Sullivan.....	1		1
Tioga.....	1		1
Tompkins.....	1		1
Ulster.....			
Warren.....	1		1
Washington.....			
Wayne.....	1		1
Westchester.....	5		5
Wyoming.....	1		1
Yates.....			
Soldiers' home.....			
Total.....	74		74

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 20.

Showing the residence by counties and classification of patients
under treatment, September 30, 1905.

COUNTIES	Patients	
	Men	Women
Albany.....	17	
Allegany.....		
Broome.....	2	
Cattaraugus.....	11	
Cayuga.....	4	
Chautauqua.....	4	
Chemung.....	1	
Chenango.....	2	
Clinton.....	3	
Columbia.....	4	
Cortland.....		
Delaware.....	1	
Dutchess.....	9	
Erie.....	16	
Essex.....	2	
Franklin.....	1	
Fulton.....		
Genesee.....		
Greene.....	1	
Hamilton.....		
Herkimer.....		
Jefferson.....	6	
Kings.....	62	1
Lewis.....		
Livingston.....		
Madison.....	5	
Monroe.....	21	
Montgomery.....	4	
Nassau.....	2	
New York.....	190	3
Niagara.....	3	
Oneida.....	0	
Onondaga.....	17	
Ontario.....	6	
Orange.....	2	
Orleans.....	1	
Oswego.....	6	
Otsego.....	2	
Putnam.....	1	
Queens.....	6	
Rensselaer.....	11	
Richmond.....	6	

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 20.—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Rockland.....	2	.....	2
St. Lawrence.....	6	.....	6
Saratoga.....	5	.....	5
Schenectady.....	.....	.....	.....
Schoharie.....	1	.....	1
Schuyler.....	4	.....	4
Seneca.....	1	.....	1
Steuben.....	12	.....	12
Suffolk.....	11	.....	11
Sullivan.....	3	1	4
Tioga.....	1	.....	1
Tompkins.....	2	2	4
Ulster.....	4	.....	4
Warren.....	5	.....	5
Washington.....	5	.....	5
Wayne.....	5	.....	5
Westchester.....	47	6	53
Wyoming.....	2	.....	2
Yates.....	1	.....	1
Total.....	522	89	641

DANNEMORA STATE HOSPITAL

TABLE No. 1

Movement of population for the year ending September 30, 1905

	Men	Women	Total
g October 1, 1904.....	235	.....	235
during year ending September 1905:			
inal commitments.....	72	.....	72
umber under treatment during year	107	.....	107
rage population.....	246.683	.....	246.683
of institution.....	100	.....	190
d during year:			
vered.....	17	.....	17
roved.....	10	.....	10
nproved.....	13	.....	13
.....	5	.....	5
umber discharged during year....	45	.....	45
g October 1, 1905.....	262	.....	262

TENTH ANNUAL REPORT OF THE
 COMMISSIONERS OF CRIMINAL INSANE—DANNEMORA

TABLE No. 2

for 1, 1904, to September 30, 1905

.....	Nov.
lands and buildings.....	
including buildings.....	\$27
property.....	2
portion.....	
year, maintenance fund:	
October 1, 1904.....	
for maintenance on estimates,	
.....	5
maintenance.....	\$5
special appropriations and	
.....	\$3
during year for maintenance:	
officers' salaries.....	\$
wages.....	1
provisions and stores.....	1
ordinary repairs.....	
farm and grounds.....	
clothing.....	
furniture.....	
books and stationery.....	
fuel and light.....	
medical supplies.....	
miscellaneous expenses.....	
discharged patients.....	
its, estimates 1 to 12 inclusive	\$5
during year on special appro-	
.....	\$2
1, 1905:	
und.....	
at on daily average number of	
to 12 inclusive.....	
wages paid attendants:	
.....	
wages paid attendants:	
.....	

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE No. 2—(Concluded)

Proportion of day attendants to average daily population.....	1 to 8.5
Proportion of night attendants to average daily population.....	1 to 41.11
Percentage of daily patient population engaged in some kind of useful occupation.....	44.7
Estimated value of farm and garden products during year.....	\$500 00
Estimated value of articles made or manufactured by patients during the year.....	4,800 00

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Unascertained.
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	2	.....	2	.....	.....	.....	2
Mental strain, worry and overwork (not included in above).....	20	.....	20	1	.....	1	19
Physical:							
Intemperance.....	6	.....	6	2	.....	2	4
Venereal diseases.....	4	.....	4	.....	.....	.....	4
Accident or injury.....	5	.....	5	.....	.....	.....	5
Abuse of drugs.....	4	.....	4	1	.....	1	3
All other bodily disorders and ill health.....	1	.....	1	.....	.....	.....	1
Hereditary.....	11	.....	11	3	.....	3	8
Unascertained.....	12	.....	12	.....	.....	.....	12
Confinement in prison.....	7	.....	7	1	.....	1	6
Total.....	72	.....	72	8	.....	8	64

STATISTICS OF CRIMINAL INSANE—DANWEMORA

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and d
the year ending September 30, 1905.

FORM	YEAR ENDING 30, 1905	
	Admitted	Died
General paralysis.....	2	.....
Senile insanity.....	4	.....
Imbecility, idiocy with insanity.....	13	.....
Other psychoses.....	53	.....

Table No. 5 temporarily discontinued.

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE No. 6
Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	.....	.....	.....	.....	.....	.....	6	.....	.....	.....	.....	.....
One to three months.....	.....	.....	.....	.....	.....	.....	8	.....	.....	1	.....	1
Three to six months.....	1	.....	1	1	.....	1	8	.....	.....	14	.....	14
Six to nine months.....	2	.....	2	3	.....	3	6	.....	.....	12	.....	12
Nine months to one year.....	2	.....	2	2	.....	2	7	.....	.....	8	.....	8
One year to eighteen months.....	1	.....	1	.....	.....	.....	1	.....	.....	7	.....	7
Eighteen months to two years.....	.....	.....	.....	.....	.....	.....	6	.....	.....	13	.....	13
Two to three years.....	5	.....	5	5	.....	5	10	.....	.....	9	.....	9
Three to four years.....	2	.....	2	3	.....	3	9	.....	.....	4	.....	4
Four to five years.....	3	.....	3	3	.....	3	5	.....	.....	3	.....	3
Five to ten years.....	1	.....	1	.....	.....	.....	2	.....	.....	.....	.....	.....
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
Total.....	17	.....	17	17	.....	17	71	.....	.....	71	.....	71

STATISTICS OF CRIMINAL INSANE—DANHEMORA

TABLE No. 7

Showing the causes of death of patients who died during the year ending September 30, 1905, and since October 1, 1888.

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
Specific infectious diseases:					
Tuberculosis.....	1		1	6	
Diseases of the digestive system:					
Diseases of the intestines.....				2	
Diseases of the circulatory system:					
Diseases of the heart.....				1	
Aneurism.....	1		1	1	
Mental diseases:					
General paralysis of the insane.	2		2	5	
Suicide.....	1		1	2	
Total.....	5		5	17	

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
Paternal branch.....	3		3	28	
Maternal branch.....	2		2	14	
Paternal and maternal branches.....				3	
Collateral branches.....	3		3	24	
No hereditary tendency.....	59		59	137	
Unascertained.....	5		5	220	
Total.....	72		72	426	

STATISTICS OF CRIMINAL INSANE—DANHEMORA

TABLE No. 9

civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
.....	49	.....	49	318	.....	318
.....	18	.....	18	88	.....	88
d.....	4	.....	4	18	.....	18
d.....	1	.....	1	1	.....	1
tained.....	.....	.....	.....	1	.....	1
al.....	72	.....	72	426	.....	426

TABLE No. 10

the degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
te.....	2	.....	2	4	.....	4
ic.....	.....	.....	.....	5	.....	5
n school.....	12	.....	12	84	.....	84
d write.....	48	.....	48	284	.....	284
ly.....	.....	.....	.....	8	.....	8
ation.....	10	.....	10	39	.....	39
tained.....	.....	.....	.....	2	.....	2
al.....	72	.....	72	426	.....	426

STATISTICS OF CRIMINAL INSANE—DANHEMORA

TABLE No. II
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	2	...	2	1	...	1	3	...	3	2	...	2
One to three months.....	2	...	2	...	...	...	3	...	3	1	...	1
Three to six months.....	...	...	...	...	...	...	...	...	...	1	...	1
Six to nine months.....	...	...	...	...	...	...	...	...	...	2	...	2
Nine months to one year.....	...	...	...	1	...	1	1	...	1	3	...	3
One year to eighteen months.....	...	...	...	1	...	1	5	...	5	6	...	6
Two to three years.....	...	...	...	1	...	1	...	...	...	1	...	1
Three to four years.....	...	...	...	1	...	1	1	...	1	1	...	1
Ten to twenty years.....	1	...	1	...	...	...	2	...	2	...	...	...
Unascertained.....	...	...	...	...	...	...	...	...	...	...	...	...
Total.....	5	...	5	5	...	5	17	...	17	17	...	17

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE No. 14

Showing the ages of patients who died during the current year
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER	
	Men	Women	Total	Men	Women
From 20 to 25 years.....				2	
From 25 to 30 years.....				4	
From 30 to 35 years.....	1		1	2	
From 35 to 40 years.....	4		4	8	
From 50 to 60 years.....				1	
Total.....	5		5	17	

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women
Under one month.....	28	
One to three months.....	16	
Three to six months.....	2	
One year to eighteen months.....	3	
Ten to fifteen years.....	1	
Unascertained.....	22	
Total.....	72	

STATE COMMISSION IN LUNACY

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE No. 16

Long period of residence in asylum of patients remaining under treatment
September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	1	1	2
One to three months.....	13	1	14
Three to six months.....	21	1	22
Six to nine months.....	13	1	14
Nine months to one year.....	20	1	21
One year to eighteen months.....	24	1	25
Eighteen months to two years.....	21	1	22
Two to three years.....	29	1	30
Three to four years.....	38	1	39
Four to five years.....	82	1	83
Total.....	262	10	272

STATISTICS OF CRIMINAL INSANE—DANMEMORA

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	1	.....	1	5	.....	5
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc....	9	.....	9	31	.....	31
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	2	.....	2	28	.....	28
Mechanics at out-door vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc.....	19	.....	19	61	.....	61
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	4	.....	4	85	.....	85
Domestic service:						
Waiters, cooks, servants, etc.	5	.....	5	38	.....	38
Miners, seamen, etc.....	1	.....	1	7	.....	7
Laborers.....	30	.....	30	115	.....	115
No occupation.....	1	.....	1	56	.....	56
Total.....	72	.....	72	426	.....	426

STATE COMMISSION IN LUNACY

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE No. 18

of the nativity of patients admitted during the current year and
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
.....				1	
.....				1	
.....	2		2	19	
.....	1		1	1	
West Indies.....	1		1	2	
.....				5	
.....				1	
.....	1		1	1	
.....	1		1	8	
.....	1		1	1	
.....	3		3	24	
.....	1		1	2	
.....	3		3	19	
.....	10		10	56	
.....	6		6	16	
.....	1		1	1	
.....	1		1	1	
.....				1	
States.....	40		40	265	
.....					
.....	72		72	426	

the total number admitted since the 1st of October, 1888, the parents of 4 per cent were both of foreign birth.

4 per cent the parentage on the paternal side was foreign, while on the maternal side was native.

7 per cent the parentage on the maternal side was foreign, while on the paternal side was native.

STATISTICS OF CRIMINAL INSANE—DANREMORA

TABLE No. 19

Showing the residence by counties and classification of patients
during the year ending September 30, 1905

COUNTIES	Public	Private
Albany.....		
Allegany.....		
Broome.....		
Cattaraugus.....	1	
Cayuga.....	1	
Chautauqua.....	2	
Chemung.....		
Chenango.....		
Clinton.....		
Columbia.....		
Cortland.....		
Delaware.....		
Dutchess.....	1	
Erie.....	2	
Essex.....	1	
Franklin.....		
Fulton.....	1	
Genesee.....		
Greene.....		
Hamilton.....		
Herkimer.....		
Jefferson.....	1	
Kings.....	6	
Lewis.....		
Livingston.....		
Madison.....	2	
Monroe.....	1	
Montgomery.....	1	
Nassau.....		
New York.....	40	
Niagara.....		
Oneida.....	1	
Onondaga.....	1	
Ontario.....		
Orange.....	8	
Orleans.....		
Oswego.....		
Otsego.....		
Putnam.....		
Queens.....	1	
Rensselaer.....	2	
Richmond.....	1	
Rockland.....		

STATE COMMISSION IN LUNACY

STATISTICS OF CRIMINAL INSANE—DANHEMORA

TABLE No. 19—(Concluded)

[illegible]

STATISTICS OF CRIMINAL INSANE—DANFEMORA

TABLE No. 20

Showing the residence by counties and classification of patients under treatment September 30, 1905

COUNTIES	PUBLIC	
	Men	Women
Albany.....	9	
Allegany.....		
Broome.....	1	
Cattaraugus.....	5	
Cayuga.....	1	
Chautauqua.....	2	
Chemung.....		
Chenango.....	3	
Clinton.....	1	
Columbia.....	3	
Cortland.....		
Delaware.....	1	
Dutchess.....	5	
Erie.....	11	
Essex.....	1	
Franklin.....		
Fulton.....	1	
Genesee.....		
Greene.....		
Hamilton.....		
Herkimer.....	1	
Jefferson.....	5	
Kings.....	27	
Lewis.....	1	
Livingston.....		
Madison.....	3	
Monroe.....	6	
Montgomery.....	1	
Nassau.....	1	
New York.....	117	
Niagara.....	1	
Oneida.....	4	
Onondaga.....	7	
Ontario.....	3	
Orange.....	5	
Orleans.....	1	
Oswego.....	1	
Otsego.....		
Putnam.....		
Queens.....	5	
Rensselaer.....	8	
Richmond.....	2	

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
.....			
ence	1		
.....	3		
ady			
e	1		
.....			
.....	1		
.....	2		
.....	1		
.....			
s	1		
.....	1		
ton			
.....	1		
ster	8		
g			
.....			
ained			
.....			
al	262		26

OFFICIAL DIRECTORY

OF

State Hospitals and Private Institutions
for the Insane

REVISED TO OCTOBER 1, 1905

SEVENTEENTH ANNUAL REPORT OF THE
OFFICIAL DIRECTORY

STATE OF NEW YORK
STATE COMMISSION IN LUNACY

Address official communications to the State Commission

Commissioners

WILLIAM MABON, M. D., *President*
148 CHESTNUT STREET, ALBANY
Telephone 1148 Main

DANIEL N. LOCKWOOD,
MORGAN BUILDING, BUFFALO,
Long Distance Telephone

WILLIAM L. PARKHURST
CANANDAIGUA,
Long Distance Telephone

Secretary

T. E. MCGARR
CAPITOL, ALBANY
Residence, 762 Madison Avenue, Albany
Telephone 58 West
General Office Telephone 1237 Main

Medical Inspector

WM. L. RUSSELL, M. D.
~~FOURTH AVENUE~~
Telephone

Auditor

GEORGE D. SANDFORD
ALBANY

Total number in State hospitals including hospitals
criminal insane.....
Total number in private institutions.....

Total.....

STATE HOSPITAL SYSTEM

Private patients can be admitted to State hospitals only upon consent of the medical superintendents. Rates for private patients range from six to ten dollars per week and a bond must be provided guaranteeing payment of accounts for maintenance.

UTICA, ONEIDA COUNTY

CLARA SMITH, M. D., *Woman Physician*

Hospital Long Distance Telephone 945

TENTH ANNUAL REPORT OF THE

OFFICIAL DIRECTORY

ILLARD STATE HOSPITAL

ILLARD, SENECA COUNTY

..Men 1,127 Women 1,168 Total..

..Men 238 Women 241 Total..

M. D., *Medical Superi*

[M. D., *First Asst. P*

, M. D. *Second Asst. P*

, M. D., *Asst. P*

M. D., *Asst. P*

M. D., *Asst. P*

RY, M. D., *Asst. P*

SLE, M. D. *Asst. P*

ARD, M. D., *Junior Asst. P*

Junior Asst. P

ARTHUR, M. D., *Woman Asst. P*

M, M. D., *Medica*

Board of Managers

FF, *President*

ecretary,

EWART,

),

Horn

Sene

Horn

Po

Stewar

FRANK L. V

Counsel

Local Telephone.

e east, by New York Central and
 n branch from Syracuse to Geneva
 rk Central and Hudson River railwa
 anch) to Geneva, or via Lehigh Valley
 s to Geneva, via Fall Brook railwa
 f the Seneca Lake Steam Navigation C
 Lehigh Valley railway; from the so
 or by Seneca Lake Steam Navigation C

t conveniently reached by Hayt's Cor
 he hospital grounds.

nce Telephone, Willard, N. Y.

Hospital.

OFFICIAL DIRECTORY

HUDSON RIVER STATE HOSPITAL

POUGHKEEPSIE, DUTCHESS COUNTY

Number patients.....Men 1,100 Women 1,192 Total.... 2,292

Number employees.....Men 257 Women 184 Total.... 441

CHARLES W. PILGRIM, M. D.,	<i>Medical Superintendent</i>
ISHAM G. HARRIS, M. D.,	<i>First Asst. Physician</i>
CHARLES H. LANGDON, M. D.,	<i>Second Asst. Physician</i>
SAMUEL F. MELLEN, M. D.,	<i>Asst. Physician</i>
FREDERICK W. PARSONS, M. D.,	<i>Asst. Physician</i>
MARK L. FLEMING, M. D.,	<i>Asst. Physician</i>
WM. J. CAVANAUGH, M. D.,	<i>Junior Physician</i>
CLINTON J. HYDE, M. D.,	<i>Junior Physician</i>
ELBERT DuB. LOUGHRAN, M. D.,	<i>Junior Physician</i>
(Vacancy)	<i>Junior Physician</i>
EMMA PUTNAM, M. D.,	<i>Woman Physician</i>
NORTON I. PENNOCK, M. D.,	<i>Medical Interne</i>
ROBERT R. PATTERSON, M. D.,	<i>Medical Interne</i>

Board of Managers

ISAAC W. SHERRILL, <i>President</i> ,	Poughkeepsie
REGINALD W. RIVES, <i>Secretary</i> ,	Wappingers Falls
Miss CATHERINE A. NEWBOLD,	Poughkeepsie
Mrs. GRACE SCHENCK WARD,	Albany
GEORGE M. HINE,	Poughkeepsie
WILLIAM D. GRANGER, M. D.,	Bronxville
WILLIAM F. GOURLEY,	Troy

Treasurer

CHARLES W. PILGRIM

Steward

(Vacancy)

Counsel

JAMES L. WILLIAMS,

Poughkeepsie

Address, 226 Union street.

The hospital is located two miles north of the New York Central railway station at Poughkeepsie.

Carriages may be procured at the station, or a North side trolley car may be taken to the junction of the Poughkeepsie and Eastern railway, on North street, from which point passenger trains run directly to the hospital as follows:

OFFICIAL DIRECTORY

HUDSON RIVER STATE HOSPITAL (*Concluded*)

WEEK DAY TRAINS

LEAVE NORTH STREET:

A.M.	A.M.	A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
6.50	7.40	9.30	11.10	1.05	1.45	2.25	4.15	5.40	7.30	8.10	9.45

ARRIVE HOSPITAL STATION:

6.55	7.45	9.35	11.15	1.10	1.50	2.30	4.20	5.45	7.35	8.15	9.50
------	------	------	-------	------	------	------	------	------	------	------	------

LEAVE HOSPITAL STATION:

A.M.	A.M.	A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
7.00	8.15	9.50	11.20	1.15	2.00	4.00	5.00	6.00	7.40	8.20	9.51

ARRIVE NORTH STREET:

7.05	8.20	9.55	11.25	1.20	2.05	4.05	5.05	6.05	7.45	8.25	9.56
------	------	------	-------	------	------	------	------	------	------	------	------

SUNDAY TRAINS

LEAVE NORTH STREET:

A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
8.00	10.00	12.45	1.45	2.15	4.15	5.40	8.10	9.45

ARRIVE HOSPITAL STATION:

8.05	10.05	12.50	1.50	2.20	4.20	5.45	8.15	9.50
------	-------	-------	------	------	------	------	------	------

LEAVE HOSPITAL STATION:

A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
8.10	10.10	12.55	2.00	4.00	5.00	6.00	8.20	9.51

ARRIVE NORTH STREET:

8.15	10.15	1.00	2.05	4.05	5.05	6.05	8.25	9.56
------	-------	------	------	------	------	------	------	------

The hospital may also be reached by the West Shore railway ferry from Highland station to Poughkeepsie, and by the Central New England railway (Poughkeepsie Bridge route). Conveyances may be procured from the Parker avenue station, or the train may be taken at North street to the hospital grounds, as previously mentioned.

Local and Long Distance Telephones.

Bell telephone 171.

Dutchess County telephone 500.

OFFICIAL DIRECTORY

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

MIDDLETOWN, ORANGE COUNTY

Number patients.....Men 588 Women 698 Total..... 1,286

Number employees.....Men 153 Women 106 Total..... 259

MAURICE C. ASHLEY, M. D., *Medical Superintendent*

ROBERT C. WOODMAN, M. D., *First Asst. Physician*

GEORGE F. BREWSTER, M. D., *Second Asst. Physician*

(Vacancy) *Asst. Physician*

ROY E. MITCHELL, M. D., *Asst. Physician*

ARTHUR S. MOORE, M. D., *Junior Physician*

CLARA BARRUS, M. D., *Woman Physician*

NELSON W. THOMPSON, M. D., *Medical Intern*

HARRY V. BINGHAM, M. D., *Medical Intern*

Board of Managers

GEORGE B. ADAMS, Middletown

EMERSON B. LAMBERT, M. D., Port Jervis

IRA L. CASE, *Secretary*, Middletown

WM. H. ROGERS, *President*, Middletown

(Vacancy)

(Vacancy)

(Vacancy)

Treasurer

MAURICE C. ASHLEY

Steward

HENRY J. LEONARD

Counsel

JOHN B. SWEZEY

Goshen

Long Distance Telephone 413-2.

Middletown is 66 miles from New York city, and may be reached by the following railways: New York, Ontario and Western; Erie; New York, Susquehanna and Western. Electric cars run between Middletown and the hospital. Public carriages may also be had at the station.

Hospital Long Distance Telephone 12.

OFFICIAL DIRECTORY

BUFFALO STATE HOSPITAL

BUFFALO, ERIE COUNTY

Number patients.....	Men 779	Women 922	Total.....
Number employees.....	Men 158	Women 167	Total.....
ARTHUR W. HURD, M. D.,	<i>Medical Superintendent</i>		
HENRY P. FRÖST, M. D.,	<i>First Asst. Phys.</i>		
GEORGE G. ARMSTRONG, M. D.,	<i>Second Asst. Phys.</i>		
JOSEPH B. BETTS, M. D.,	<i>Asst. Phys.</i>		
EDWARD G. ALDRICH, M. D.,	<i>Asst. Phys.</i>		
GEORGE W. GORRILL, M. D.,	<i>Junior Asst. Phys.</i>		
AUL B. BROOKS, M. D.,	<i>Junior Asst. Phys.</i>		
ELENE KUHLMANN, M. D.,	<i>Woman Phys.</i>		
ALTER L. PANNELL, M. D.,	<i>Medical Ins.</i>		

Board of Managers

DR. TRACEY R. BECKER, <i>Secretary</i>	B
ATHAN WOLFF,	B
M. C. KRAUSS, M. D.,	B
P. DUDLEY, <i>President</i> ,	B
JOHN T. DARRISON,	Loc
GEORGE H. KENNEDY,	B
MARY PERRY COOKE,	B

Treasurer

ARTHUR W. HURD

Steward

JOHN E. C

Counsel

MARTIN CLARK,

Address, 91 Erie County Bank Building.

The hospital is located on Forest avenue, about three and one-half miles from the principal railway stations, accessible by Elm avenue and Baynes and Hoyt street trolley lines, direct; also by Main street and Niagara street lines by obtaining transfer to Forest avenue cars.

Hospital Long Distance Telephone North 237.

OFFICIAL DIRECTORY

BINGHAMTON STATE HOSPITAL

BINGHAMTON, BROOME COUNTY

Number patients.....Men 715 Women 752 Total..... 1,467

Number employees.....Men 162 Women 147 Total..... 309

CHARLES G. WAGNER, M. D., *Medical Superintendent*

H. W. EGGLESTON, M. D., *First Asst. Physician*

ARTHUR P. SUMMERS, M. D., *Second Asst. Physician*

EDWARD GILLESPIE, M. D., *Asst. Physician*

JAMES V. MAY, M. D., *Asst. Physician*

CHARLES G. LYON, M. D., *Asst. Physician*

(Vacancy) *Junior Physician*

MARY CLAYTON, M. D., *Woman Physician*

LEMUEL R. HURLBURT, M. D., *Medical Interne*

(Vacancy) *Medical Interne*

Board of Managers

MRS. KATE M. ELY, *President*, Binghamton

JERVIS LANGDON, *Secretary*, Elmira

CORNELIUS F. McCORMICK Binghamton

Miss ELLEN T. FISH, Oneida

ANDREW J. FRENCH, Oneida

GEORGE C. BAYLESS, Binghamton

WM. MASON, Binghamton

Treasurer

CHARLES G. WAGNER

Steward

EDWIN EVANS

Counsel

HARVEY HINMAN

Binghamton

Bell Telephone 283.

Binghamton Telephone 444.

Located on the lines of the Erie; Delaware, Lackawanna and Western, and Delaware and Hudson railways. Electric cars leave corner of Court and State streets, every 20 minutes.

Hospital Long Distance Telephone 453.

Binghamton Telephone 713.

TENTH ANNUAL REPORT OF THE
 OFFICIAL DIRECTORY

LAWRENCE STATE HOSPITAL

OGDENSBURG, ST. LAWRENCE COUNTY

.....Men 900 Women 822 Total..

.....Men 164 Women 174 Total..

WITCHINGS, M. D., *Medical Super*

WILKES, M. D., *First Asst*

WILLIAMS, L. D., *Second Asst*

WILSON, M. D., *Asst*

WILSON, M. D., *Asst*

WILSON, M. D., *Asst*

WILSON, M. D., *Woman*

WILSON, M. D., *Junior*

WILSON, M. D., *Med*

Med

Board of Managers

WILSON, *President,*

WILSON,

WILSON GOODALE, *Secretary,*

WILSON, M. D.,

WILSON CHATTERTON DANIELS,

HAZARD,

.L,

Ste

WITCHINGS

WILLIAM

Counsel

WILBY,

and one-half miles from center of Ogd

own and Ogdensburg, and Central Ve

by trolley line every 15 minut

be obtained at railway stations.

Distance Telephone "State Hospital."

OFFICIAL DIRECTORY

ROCHESTER STATE HOSPITAL

ROCHESTER, MONROE COUNTY

Number patients.....	Men 462	Women 763	Total.....	1,225
Number employees.....	Men 110	Women 125	Total.....	235
E. H. HOWARD, M. D.,			<i>Medical Superintendent</i>	
E. B. POTTER, M. D.,			<i>First Asst. Physician</i>	
C. T. LAMOURE, M. D.,			<i>Second Asst. Physician</i>	
E. L. HANES, M. D.,			<i>Asst. Physician</i>	
E. P. BALLANTINE, M. D.,			<i>Woman Physician</i>	
RUTH DEMAREST, M. D.,			<i>Medical Interne</i>	
WM. H. VEEDER, M. D.,			<i>Medical Interne</i>	

Board of Managers

GEORGE RAINES, <i>President</i> ,	Rochester
WM. MILLER,	Rochester
Miss JANE E. ROCHESTER,	Rochester
THOMAS A. O'HARE, M. D.,	Rochester
GEORGE HERBERT SMITH, <i>Secretary</i> ,	Rochester
DAVID M. GARSON,	Rochester
Mrs. LILLIE BOLLER WERNER,	Rochester

Treasurer

E. H. HOWARD

Steward

W. S. REMINGTON

Counsel

JOHN A. BARHITE,

Rochester

811 German Insurance Building.

Bell Telephone 1451.

Two miles from railway stations. Accessible by electric cars of the South avenue line.

Hospital Long Distance Telephone 602.

Rochester Telephone 3100.

OFFICIAL DIRECTORY

KINGS PARK STATE HOSPITAL

KINGS PARK, NEW YORK

Number patients.....	Men 1,139	Women 1,432	Total
Number employees.....	Men 236	Women 263	Total
WILLIAM AUSTIN MACY, M. D.,			<i>Medical Super</i>
GEORGE O'HANLON, M. D.,			<i>First Asst.</i>
ARTHUR J. CAPRON, M. D.,			<i>Second Asst.</i>
DEWITT C. MACCLYMONT, M. D.,			<i>Asst.</i>
WILLIAM H. HAGENBUCH, M. D.,			<i>Asst.</i>
JOHN I. McKEILWAY, M. D.,			<i>Asst.</i>
WALTER H. SANFORD, M. D.,			<i>Asst.</i>
THEODORE W. SIMON, M. D.,			<i>Asst.</i>
ANNA CRAIG, M. D.,			<i>Woman</i>
NISHAN A. PASHAYAN, M. D.,			<i>Junior</i>
AARON J. ROSANOFF, M. D.,			<i>Junior</i>
ALBERT E. ULLMAN, M. D.,			<i>Junior</i>
(Vacancy)			<i>Junior</i>
(Vacancy)			<i>Junior</i>
(Vacancy)			<i>Medic</i>

Board of Managers

JOHN THATCHER, *President*,
 MRS. MARY M. ACKERLY,
 CHARLES E. TEALE, *Secretary*,
 JOHN ROONEY,
 SILAS B. DUTCHER,
 ALEXANDER C. SNYDER,

Treasurer

WILLIAM AUSTIN MACY,

Kings Pa

Resident Steward

CHARLES S. PITCHER

Matron

MARIE FERRIER

Purchasing Steward

F. A. WHEELER,

Ward's Island, New

Telephone 1812 Harlem

OFFICIAL DIRECTORY

KINGS PARK STATE HOSPITAL (*Concluded*)*Counsel*

MARCUS B. CAMPBELL, 26 Court street, Brooklyn
Telephone 2666 Main

Forty-five miles from New York city. Accessible by trains on the Long Island railway. Surface and elevated road from Grand Central station, New York, to Thirty-fourth street ferry, connecting with Long Island City station of the Long Island railway. Also from Flatbush avenue station, *via* Jamaica, Long Island railway. Railroad tickets at reduced rate can be obtained at the hospital, at the Long Island State Hospital, Flatbush, Brooklyn, or at the dock at foot of East 116th st., New York City.

Hospital Long Distance Telephone 11 Northport.

Telegraph Office at hospital.

FULL SCHEDULE OF TRAINS

FOR KINGS PARK

Leaves	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.
L. I. City	5.52	9.10	11.10	2.04	3.02	4.36	5.42	6.40
Sundays	9.00		10.02		12.10		6.44	
Leaves	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.
Flatbush ave.,	5.38	8.49	10.59	1.48	2.46	4.21	5.33	6.28
Sundays	8.48	9.50	11.57	6.29				

FROM KINGS PARK

Leaves	A. M.	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.
Kings Park	6.07	6.58	7.40	10.19	2.49	3.46	6.38	
Sundays				8.21	3.11	4.28	6.41	8.51

OFFICIAL DIRECTORY

LONG ISLAND STATE HOSPITAL

BROOKLYN, NEW YORK

Number patients.....Men 414 Women 659 Total.....

Number employees.....Men 92 Women 116 Total.....

OLIVER M. DEWING, M. D.,	<i>Medical Superin</i>
IRA O. TRACY, M. D.,	<i>First Asst. Ph</i>
PAUL G. TADDIKEN, M. D.,	<i>Second Asst. Ph</i>
H. ELIZABETH BALCH, M. D.,	<i>Asst. Ph</i>
(Vacancy)	<i>Junior Asst. Ph</i>
JOSEPH SMITH, M. D.,	<i>Medical</i>
FRANCES W. THOMPSON	

Board of Managers

MISS LOUISA MAN WINGATE,	Br
REV. WILLIAM J. WHITE, <i>Secretary</i> ,	Br
MARY G. BURTIS,	Br
NORMAN S. DIKE,	Br
SIMON S. ROTHSCHILD,	Br
JAMES McMAHON,	New Yor
ALEXANDER E. ORR, <i>President</i> ,	Br

Treasurer

O. M. DEWING

Resident Ste

WILLIAM L.

Accessible by street car from East Twenty-third street, East second street and Fulton ferries; Fulton street car from Brooklyn bridge to Nostrand avenue, thence to Clarkson street, Flatbush Hospital Long Distance Telephone 68 Flatbush.

OFFICIAL DIRECTORY

MANHATTAN STATE HOSPITAL

WARD'S ISLAND, NEW YORK CITY

Number patients.....Men 1,778 Women 2,615 Total.... 4,393

Number employees.....Men 397 Women 330 Total.... 727

EMMET C. DENT, M. D.,
HERMAN C. EVARTS, M. D.,

Medical Superintendent

First Asst. Physician

Women's Division

First Asst. Physician

Men's Division

JNO. T. W. ROWE, M. D.,

Second Asst. Physician

LOUIS C. PETTIT, M. D.,

Asst. Physician

DWIGHT S. SPELLMAN, M. D.,

Asst. Physician

JOHN RUDOLPH KNAPP, M. D.,

Asst. Physician

C. J. PATTERSON, M. D.,

Asst. Physician

C. FLOYD HAVILAND, M. D.

Asst. Physician

FRANK H. MAGNESS, M. D.,

Asst. Physician

PHILIP SMITH, M. D.,

Asst. Physician

JOHN L. WASHBURN, M. D.,

Asst. Physician

SAMUEL W. HAMILTON, M. D.,

Asst. Physician

PHILIP C. WASHBURN, M. D.,

Junior Physician

ARTHUR M. PHILLIPS, M. D.,

Junior Physician

FRANK ROSS HAVILAND, M. D.,

Junior Physician

(Vacancy)

Junior Physician

(Vacancy)

Junior Physician

(Vacancy)

Woman Physician

ANNA E. HUTCHINSON, M. D.,

Medical Interne

ADELAIDE TURNER, M. D.,

Medical Interne

WILLIAM F. SHAW, M. D.,

Medical Interne

MORRIS J. KARPAS, M. D.,

Medical Interne

HERBERT C. WOOLEY, M. D.,

Medical Interne

HENRY J. HARP, JR., M. D.,

Medical Interne

EDWARD MILTIMORE, M. D.,

Medical Interne

JOHN L. POMEROY, M. D.,

Medical Interne

CHARLES E. CONRAD, M. D.,

Medical Interne

HENRY E. RICKETT, M. D.,

Medical Interne

GLANVILLE Y. RUSK, M. D.,

Asst. for Autopsies

J. S. RICHARDS, M. D.,

Clinical Assistant

CHARLES W. CHAPIN, M. D.,

Clinical Assistant

JOHN R. WILSON, M. D.,

OFFICIAL DIRECTORY

MANHATTAN STATE HOSPITAL (*Concluded*)*Board of Managers*

WHITMAN V. WHITE, M. D., <i>President</i>	New York City
THOMAS M. MULRY,	New York City
MRS. ELEONORA KINNICUTT,	New York City
MRS. GRACE GILLETTE BIRD,	New York City

Treasurer

EMMET C. DENT

Assistant Steward

LEWIS WEBB

Resident Steward

EDWARD F. LAWRENCE

Matron

ANNIE F. JESTLEY

Counsel

SAMUEL S. KOENIG,

53-63 Park Row, New York

Purchasing Steward

F. A. WHEELER,

Ward's Island, New York City

All official communications in regard to the Manhattan State Hospital should be addressed to the Superintendent.

Postoffice Address, Station U, New York city

Hospital Long Distance Telephone 1869 Harlem

Visiting days—Mondays, Tuesdays, Fridays and Saturdays.
Accessible by steamer from foot of East 116th street.

Visiting hours, 1 to 3 p. m. Passes can be obtained at the hospital or at dock foot of East 116th street.

OFFICIAL DIRECTORY

CENTRAL ISLIP STATE HOSPITAL

CENTRAL ISLIP, SUFFOLK COUNTY

Number patients.....Men 2,037 Women 1,515 Total... 3,552

Number employees.....Men 334 Women 183 Total... 513

G. A. SMITH, M. D.,	<i>Medical Superintendent</i>
M. B. HEYMAN, M. D.,	<i>First Asst. Physician</i>
C. G. BRINK, M. D.,	<i>Second Asst. Physician</i>
H. G. GIBSON, M. D.,	<i>Asst. Physician</i>
R. W. FOWLER, M. D.,	<i>Asst. Physician</i>
E. T. MURRAY, M. D.,	<i>Asst. Physician</i>
FRANK HINKLEY, M. D.,	<i>Asst. Physician</i>
C. B. WEST, M. D.,	<i>Asst. Physician</i>
C. L. VAUX, M. D.,	<i>Junior Physician</i>
ABRAHAM BRILL, M. D.,	<i>Junior Physician</i>
CLARENCE E. WHITNEY, M. D.,	<i>Junior Physician</i>
F. E. LETTICE, M. D.,	<i>Junior Physician</i>
ALICE M. F. LEADER, M. D.,	<i>Woman Physician</i>
KITTIE R. OWEN, M. D.,	<i>Woman Physician</i>
F. A. TAYLOR, M. D.,	<i>Medical Interne</i>
MAX VOLK, M. D.,	<i>Clinical Assistant</i>
(Vacancy)	<i>Clinical Assistant</i>

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LEOPOLD SANDHEIM,	New York City
HENRY H. HOLLISTER,	Islip

Treasurer

GEO. A. SMITH

Resident Steward

W. J. McKEE

Hospital Long Distance Telephone 19 Islip.

Telegraph Central Islip, Long Island.

SCHEDULE OF TRAINS

FOR CENTRAL ISLIP

	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.
• Leave L. I. City	8.40	10.30	2.00	3.00	4.45	5.15	5.50
Sundays,	9.14		1.30	4.20			

OFFICIAL DIRECTORY

CENTRAL ISLIP STATE HOSPITAL (*Concluded*)

FROM CENTRAL ISLIP

	A. M.	A. M.	A. M.	P. M.	P. M.
Leave Central Islip.....	6.43	7.36	8.08	2.39	4.00
Sundays	9.12			5.22	5.56

Railroad tickets at reduced rates may be obtained at the hospital and at the city office of the hospital, Room 8044, Metropolitan Building, 1 Madison avenue, New York city.

OFFICIAL DIRECTORY

GOWANDA STATE HOMEOPATHIC HOSPITAL

GOWANDA, ERIE COUNTY

Number patients.....Men 405 Women 380 Total..... 785

Number employees....Men 98 Women 69 Total..... 167

DANIEL H. ARTHUR, M. D.,	<i>Medical Superintendent</i>
CLARENCE A. POTTER, M. D.,	<i>First Asst. Physician</i>
ROBERT M. SCHLEY, M. D.,	<i>Asst. Physician</i>
FREDERICK C. ROBBINS, M. D.,	<i>Junior Physician</i>
ALICE E. ROWE, M. D.,	<i>Woman Physician</i>
STEPHEN S. P. WETMORE, M. D.,	<i>Medical Intern</i>

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DANIEL H. ARTHUR

Steward

EARL R. QUACKENBUSH

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OLIVE A. CARPENTER

Counsel

GEORGE E. SPRING, Esq.

Franklinville

Hospital two miles from Gowanda on Buffalo and Jamestown branch of Erie railroad. Accessible by carriage from Gowanda and Collins station.

Hospital Long Distance Telephone at Gowanda. Bell, 31. Independent 1002.

OFFICIAL DIRECTORY

MATTEAWAN STATE HOSPITAL**MATTEAWAN, DUTCHESS COUNTY**

(For insane committed on orders of courts of criminal jurisdiction and for persons convicted of petty crimes or misdemeanors—felons—becoming insane while undergoing sentence; also patients from other State hospitals still exhibiting criminal tendencies.)

Number patients.....Men 552 Women 89 Total.....

Number employees.....Men 91 Women 24 Total.....

P. O., Fishkill-on-the-Hudson and R. R. Station, Fishkill L.

ROBERT B. LAMB, M. D., *Medical Superintendent*

JESSE M. W. SCOTT, M. D., *First Asst. Physician*

WALTER M. CLARK, M. D., *Second Asst. Physician*

KEITH SEARS, M. D., *Junior Physician*

RAYMOND F. C. KEIB, M. D., *Junior Physician*

W. A. THOMAS, *Steward*

Fifty-eight miles from New York city, on the New York and Hudson River railway. It is also accessible by the West and the Erie, to Newburgh; thence by ferry to Fishkill-on-the-Hudson. The institution may be reached from the Hudson River station by an electric railway, which runs within one-half mile of the hospital; also public conveyances at the station.

Telephone 236.

OFFICIAL DIRECTORY

DANNEMORA STATE HOSPITAL

DANNEMORA, CLINTON COUNTY

Number patients.....	Men 262	Women 0	Total.....	262
Number employees....	Men 47	Women 6	Total.....	53

CHARLES H. NORTH, M. D.,	<i>Medical Superintendent</i>
AMOS T. BAKER, M. D.,	<i>Second Asst. Physician</i>
FRANK J. WEIGAND, M. D.,	<i>Asst. Physician</i>
ROBERT S. MACDONALD, M. D.,	<i>Medical Interne</i>
JAMES H. KURTZ,	<i>Assistant Steward</i>

Located at Dannemora, New York, on the Chateaugay Branch of the Delaware and Hudson railroad, 20 miles from Plattsburgh.

Long Distance Telephone "State Hospital."

OFFICIAL DIRECTORY

PATHOLOGICAL INSTITUTE

For the State Hospitals
WARD'S ISLAND, NEW YORK CITY

ADOLF MEYER, M. D.,	
C. B. DUNLAP, M. D.,	<i>Chief Associate in Neuro</i>
G. H. KIRBY, M. D.,	<i>Associate in Clinical P</i>
C. I. LAMBERT, M. D.,	<i>Photographic</i>
GLANVILLE Y. RUSK, M. D.,	<i>Assistant for A</i>
CHAS. H. HOLMES, M. D.,	<i>Assistant P</i>
J. HARVEY BORDEN,	<i>Assistant Clinical L</i>
C. MACFIE CAMPBELL, M. D.,	<i>Assistant P</i>
W. R. VAN KOUGHNET	

Long Distance Telephone Call, Ward's Island 1869 Har

Board of Alienists

Office on dock, foot East 116th street, New York.

SIDNEY D. WILGUS, M. D.,
GEORGE B. CAMPBELL, M. D.
W. E. SYLVESTER, M. D.

Long Distance Telephone Call, 254 Harlem.

Licensed Private Asylum System

SOCIETY OF THE N. Y. HOSPITAL

Psychopathic Department
BLOOMINGDALE, WHITE PLAINS

S. B. LYON, M. D., *Medical Superintendent*
AUGUST HOCH, M. D., *First Asst. Physician and Special Clinician*

Accessible by Harlem railway and trolley. Number of patients, 340. Minimum for those who pay remunerative rates, \$10 per week. This institution receives and treats, gratuitously, a small number of indigent insane, and receives a considerable number of acute and hopeful cases, which pay only part of their expenses.

Long Distance Telephone 104, White Plains.

New York office, 10 West 16th street, at noon.

New York Telephone 4247 18th

PROVIDENCE RETREAT

BUFFALO, ERIE COUNTY

(Under the Charge of the Sisters of Charity)

W. C. KRAUSS, M. D., *Medical Superintendent*
JOHN J. TWOHEY, M. D., *Physician in Charge*
E. E. HALEY, M. D., *Asst. Physician*

Located on Main street, corner of Kensington avenue. Distance from Union railway station, four miles. Accessible by electric street car line. Number of patients limited to 125. Minimum rate for care and treatment of private patients, \$10 per week.

Long Distance Telephone Park 49.

OFFICIAL DIRECTORY

MARSHALL SANITARIUM**TROY, RENSSELAER COUNTY**

HIRAM ELLIOTT, M. D., *Physician in charge*

Situated on Linden avenue, one mile from Union railway station. Accessible from depot and from all parts of the city by the Albia line of electric street cars. Number of patients limited to 90. Minimum rate, \$8 per week.

Long Distance Telephone, 1454 Troy.

LONG ISLAND HOME**AMITYVILLE, LONG ISLAND**

O. J. WILSEY, M. D., *Physician in charge*

Thirty-two miles from New York. Accessible by Montauk division of Long Island railway; ferry from East Thirty-fourth street, New York, also from Brooklyn. Five minutes from railway station. Number of patients limited to 114. Monday, Wednesday and Friday, 12 to 1 p. m., 143 East Thirty-seventh street, New York. Telephone 2955-38 street. Minimum rate, \$10 per week.

Long Distance Telephone 2 L, Amityville.

BRIGHAM HALL HOSPITAL**CANANDAIGUA, ONTARIO COUNTY**

D. R. BURRELL, M. D., *Physician in charge*

Situated on Bristol street, one mile from the New York Central and Northern Central railway station. Accessible by public carriages always to be found at the station. Number of patients limited to 78. Minimum rate, \$15 per week.

Telephone Brigham Hall.

OFFICIAL DIRECTORY

SANFORD HALL**FLUSHING, NEW YORK CITY**

W. STUART BROWN, M. D.,	<i>Physician in charge</i>
SHERMAN BROWN, M. D.,	<i>Assistant Physician</i>
ARCHIBALD CAMPBELL, M. D.,	<i>Assistant Physician</i>

Situated about one-quarter of a mile from Long Island railway station, and easily accessible by carriage from any part of Greater New York. In coming from borough of Manhattan, take ferry at East Thirty-fourth street, and train to Flushing, Main street. From borough of Brooklyn, take Flushing avenue trolley for Flushing.

Dr. Brown may be seen at the office in borough of Manhattan, 56 West Fifty-sixth street on Tuesday or Friday, between 10 and 12. Number of patients limited to 44. Minimum rate, \$25 per week.

Long Distance Telephone, 17 Flushing.

ST. VINCENT'S RETREAT**HARRISON, WESTCHESTER COUNTY**

(Under the Charge of the Sisters of Charity)

H. ERNEST SCHMID, M. D.,	<i>Attending Physician</i>
White Plains	
SWEPSON J. BROOKS, M. D.,	<i>Physician in charge</i>

For women only. Fifty minutes from New York on the New York and New Haven railway. Trains leave Grand Central station, New York city, for Harrison, every hour, from 9 a. m. to 7 p. m. Number of patients limited to 150. Applications for admission should be made to the Sister in charge.

Long Distance Telephone 100 Rye.

OFFICIAL DIRECTORY

BREEZEHURST TERRACE**WHITESTONE, N. Y. CITY, LONG ISLAND**

D. A. HARRISON, M. D.,	<i>Physician in charge</i>
D. R. LEWIS, M. D.,	<i>Assistant Physician</i>
HAROLD KIRBY, M. D.,	<i>Second Asst. Physician</i>

Accessible from New York city, from East Thirty-fourth street ferry, *via* Long Island railroad. From James slip near the Brooklyn bridge to Long Island City. Trains run every half hour to Whitestone, time 25 minutes. May also be reached by driving, *via* Ninety-ninth street ferry to College Point, from which place it is about 10 minutes' drive. Going from Brooklyn, take Greenpoint car or Cross-town car to Long Island City or Corona; thence to Long Island railroad. In taking patients from Brooklyn, it is better to drive, as it only takes a little more than one hour, *via* Grand street to Newtown thence through Flushing to Whitestone. Cars arrive from Brooklyn in one hour. Number limited to 35. (Voluntary patients received.) Breezehurst Terrace, five minutes' walk from Whitestone station.

Carriages sent from Sanitarium to Brooklyn and New York for patients.

Brooklyn office, 31 Sydney place. New York office, 110 West Fifty-seventh street.

Sanitarium Telephone Whitestone 46 F-Flushing.

N. Y. City Telephone 260 Columbus.

Brooklyn office Telephone 3017 Main.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES

945 ST. MARK'S AVENUE, BROOKLYN

(Between Kingston and Albany avenues)

THOMAS L. WELLS, M. D.,	<i>Physician in charge</i>
V. E. TAYLOR, M. D.,	<i>Assistant Physician</i>

The Sanitarium may be reached by the Bergen street car line or elevated railway from Brooklyn bridge. Stop at Albany avenue station of elevated road. Number limited to 12 women patients. Minimum rate, \$15 per week.

Long Distance Telephone 69 Bedford.

OFFICIAL DIRECTORY

WALDEMERE

MAMARONECK, WESTCHESTER COUNTY

E. N. CARPENTER, M. D.,

Physician in charge

J. P. GREENE, M. D.,

Assistant Physician

Forty minutes from New York on the New York, New Haven and Hartford railway. Trains leave Grand Central station, New York city, every hour, for Mamaroneck. (Voluntary patients received.) Waldemere is one and one-half miles from the station, where public carriages may be found. Number of patients limited to 12. Minimum rate, \$25 per week. House is conducted on private family plans, and only selected cases of mental and nervous diseases are received. Dr. Carpenter will be at 110 West Fifty-seventh street, New York city, from 9 to 11 a. m. each day, and by appointment.

New York Telephone, 260 Columbus.

Mamaroneck, 31 Mamaroneck.

GREENMONT-ON-THE-HUDSON

Post Office, Ossining, Westchester County

RALPH LYMAN PARSONS, M. D.,

Physician in charge

RALPH WAIT PARSONS, M. D.,

Associate Physician

Location, one mile from the New York Central railway station at Ossining. Only selected cases of mental or nervous diseases or of alcoholic or drug addiction are received, and the number is limited to 10. Rate for board, services of a private nurse, medical care and treatment, including hydrotherapy, on application. Dr. Parsons, or his associate, will be at 16 East Forty-third street, on Mondays and Fridays, between 3.30 and 4.30 p. m., or by appointment.

Long Distance Telephone Ossining, 162 L.

OFFICIAL DIRECTORY

DR. MacDONALD'S HOUSE**PLEASANTVILLE, WESTCHESTER COUNTY****CARLOS F. MacDONALD, M. D.,***Proprietor and Physician in charge***CLARENCE J. SLOCUM, M. D.,***Resident Physician*

One mile from Pleasantville station on Harlem division, New York Central railway; two miles from Briar Cliff Manor station on Putnam division, New York Central railway from One hundred and Fifty-fifth street elevated railway terminus; six miles from Tarrytown and four miles from Ossining (formerly Sing Sing), on Hudson River division New York Central railway. Pleasantville is 30 miles (one hour) north of New York city. Number of patients limited to 10. House is conducted on the private family plan and only selected cases of mental disease are received. Rates on application. Telegraph, Pleasantville. Dr. MacDonald will be at the Gallatin, 70 West Forty-sixth street, New York city, daily except Sunday, from 10 to 12 o'clock.

New York Telephone Call, 5608-38th street.

Pleasantville Telephone Call, 4 Pleasantville.

THE PINES**AUBURN, CAYUGA COUNTY****FREDERICK SEFTON, M. D.,***Physician in charge***GUY R. MONTGOMERY, M. D.,***Assistant Physician*

Accessible by the New York Central and Hudson River railway, and the Lehigh Valley railway. Two and a half hours by rail from Rochester, four from Albany and Buffalo, seven from New York city. Number of patients limited to 12. Rates, per week, including medical attendance, special nurse, private room and special tray service, on application.

Long distance Telephone, 261.

OFFICIAL DIRECTORY

VERNON HOUSE

BRONXVILLE, WESTCHESTER COUNTY

WILLIAM D. GRANGER, M. D., *Physician in charge*

Postoffice and telegraph, Bronxville, N. Y. Fifteen miles from Grand Central station, New York city. Harlem railroad trains half-hourly. House one mile from station. Public carriages always to be secured. Number of patients limited to 12. Minimum price \$40 per week, no extras. New York office, 343 Madison avenue. Tuesdays and Thursdays, 3 to 4 p. m.

Long Distance Telephone, 34-B Mount Vernon.

INTERPINES

GOSHEN, ORANGE COUNTY

FREDERICK W. SEWARD, M. D., *Physician in charge*

FREDERICK W. SEWARD, JR., M. D., *Assistant Physician*

REEVE TURNER, M. D., *Assistant Physician*

New York city office, 200 West Seventieth street, by appointment.

J. PERRY SEWARD, M. D., *Associate Physician*

200 West Seventieth street, New York city.

Telephone, 18 Columbus.

Sixty miles from New York city, on the Erie railway. Eight hundred feet above sea level. Institution licensed to receive 56 patients.

Rates on application.

Long Distance Telephone Call, Goshen 1175.

GLENMARY

OWEGO, TIOGA COUNTY

(Homeopathic)

Incorporated 1897.

J. T. GREENLEAF, M. D., *Physician in charge*

MARCUS A. CURRY, M. D., *Medical Intern*

Three-fourths of a mile from railway stations, where public carriages may be obtained. Accessible by New York, Lake Erie and Western and by Delaware, Lackawanna and Western railways, and Auburn division, Lehigh Valley railway. Number of patients limited to 50. Minimum rate, \$10 per week.

Long Distance Telephone Call, "Glenmary," Owego, N. Y.

OFFICIAL DIRECTORY

FALKIRK

CENTRAL VALLEY, ORANGE COUNTY

JAMES FRANCIS FERGUSON, M. D., deceased,	<i>Founder</i>	
WM. ELLIOTT DOLD, M. D.,	<i>Physician in charge</i>	
WM. E. FERGUSON,	}	<i>Proprietors</i>
HENRY A. FERGUSON, M. D.,		
EDMUND A. EHLERS, M. D.,		<i>Assistant Physician</i>

Near Central Valley station, on Newburgh branch of the Erie railway, 48 miles from New York. Reached *via* Chambers and West Twenty-third Street ferries, New York city. Postoffice and telegraph Central Valley. Number of patients limited to 34. Rates on application.

Dr. Dold may be consulted at 168 Lexington avenue (between Thirtieth and Thirty-first streets), New York city, 11.30 to 12.30, Wednesdays and Saturdays, and by appointment.

Dr. Ferguson on Tuesdays and Fridays at the same hour and also by appointment. Telephone 1302 Madison Square.

Long Distance Telephone, "Central Valley."

OFFICIAL DIRECTORY

RIVER CREST

ASTORIA, L. I., NEW YORK CITY

W. P. SPRATLING, M. D.,
WARD SAMPSELL, M. D.,
DOUGLAS BEATON, M. D.,

Physician in charge
Assistant Physician
Assistant Physician

The Sanitarium is situated on the east bank of the East river, opposite the foot of East One Hundred and Eighth street, New York city. Accessible *via* the Ninety-second street ferry to Astoria, from which it is one and one-half miles over the Shore road. From New York take Lexington, Madison or Eighth avenue cars to Eighty-sixth street; transfer thence to Astoria ferry, where Steinway car can be taken to Wolcott avenue, three avenue blocks east from River Crest. From Brooklyn take the Greenpoint or Crosstown car to Long Island City, there transferring to the Steinway trolley car, ride to Wolcott avenue, from which point the Sanitarium is 10 minutes walk. Patients from New York city and Brooklyn may best be transferred by carriage as the distance to the foot of East Ninety-second street is only one and one-half miles, and the distance to the city limits of Brooklyn is less than two and a half miles. Telegraph and postoffice address, Astoria. Minimum rate, \$15 per week, including modern hydrotherapy. Number limited to 122.

Long Distance Telephone, 36 Astoria.

New York office, 47 East Fifty-eighth street, 3 to 4 p. m.

New York Telephone, 3157 Plaza.

OFFICIAL DIRECTORY

DR. KELLOGG'S HOUSE**RIVERDALE, NEW YORK CITY****THEODORE H. KELLOGG, M. D.,***Physician in charge*

Located on the corner of Riverdale Lane and Albany Post Road, opposite Van Cortlandt Park Parade Ground, 12 miles from Grand Central station, New York city, and one hour's carriage drive from Central Park *via* Kingsbridge.

Accessible by half hourly trains to Riverdale station, Hudson River railway, where a carriage always meets trains, or to Van Cortlandt station *via* Putnam railway from One Hundred and Fifty-fifth street elevated railway terminus. To be reached in six minutes by Broadway trolley from Kingsbridge, getting out at Albany Post Road and Broadway, within a few blocks of the house.

Rates \$75 per week, including trained nurse. Select cases and number limited to 7.

Address letters to Dr. T. H. Kellogg, Riverdale, New York city; telegrams to Riverdale station, Hudson River railway, and call telephone 36 Kingsbridge, New York city.

KNICKERBOCKER HALL**COLLEGE POINT, NEW YORK CITY****WILLIAM T. LOUDEN,***Proprietor***JOHN R. HARDING, M. D.,***Medical Director*

A private Sanitarium devoted to the care and treatment of selected cases of nervous and mental affections. Quiet, picturesque surroundings. Conducted upon the family plan. Special attention given to committed cases. Number limited to 10. Terms on application.

Easy of access by railway, carriage or trolley. From Manhattan take the East Thirty-fourth street ferry to Long Island City, and there the Long Island railway or Jackson avenue trolley to College Point; or, take the East Ninety-ninth street ferry to College Point, and trolley to the Hall. From Brooklyn take trolley or elevated car to Ridgewood, and transfer there to a Flushing trolley.

Telephone 208-W College Point.

OFFICIAL DIRECTORY

DR. BOND'S HOUSE

960 North Broadway

YONKERS, WESTCHESTER COUNTY

GEORGE F. M. BOND, M. D.,

Physician in charge

Situated on North Broadway overlooking the Hudson river, one and one-half miles from the New York Central and Hudson River railway station. Accessible in 30 minutes from New York city *via* New York Central and Hudson River railway trains every half hour from the Grand Central station; in 20 minutes *via* New York and Putnam railway from One Hundred and Fifty-fifth street and Eighth avenue, on which trains run every half hour from 8 a. m. to 1 a. m. and every hour from 1 a. m. to 8 a. m.; also *via* Hudson River Day Line boats, and *via* New York Cab Company's carriages direct to the house. From railway stations in Yonkers, take Park avenue trolley to Palisade and Roberts avenue, walk west one block to North Broadway, and north on North Broadway, a walk of seven minutes. Upon notification carriages will meet trains day or night.

Number of patients limited to eight, and only selected cases of mental and nervous diseases received. Prices for all services, medical care and treatment, including hydrotherapy, on application.

Local and Long Distance Telephone, 883 Yonkers.

DR. COMBES' SANITARIUM

Jackson avenue and Flushing Bay, borough of Queens, New York city.

R. C. F. COMBES, M. D.,

Physician in charge

J. J. MULCAHY, M. D.,

First Asst. Physician

E. J. HENKEL M. D.,

Second Asst. Physician

Brooklyn office, 185 Hancock street.

Telephone Calls, 139 Flushing and 956 Bedford.

To reach the Sanitarium from Manhattan borough, take ferry to Long Island City then New Jackson avenue trolley to the institution (it passes the door). From Brooklyn take trolley to Long Island City and then Jackson avenue trolley to the institution. Number limited to 46.

Minimum rate, \$15 per week.

OFFICIAL DIRECTORY

RIVERVIEW SANATORIUM

Fishkill-on-Hudson

JAMES R. BOLTON, M. D.,

Physician in charge

Overlooking the Hudson river and Fishkill mountains. Fifty-nine miles from New York city. Accessible by the New York Central and Hudson River railway. Trains arrive and depart every two hours daily. Number of patients limited to 8. A private home for nervous invalids and selected cases of mental and nervous diseases. Quiet, cheerful surroundings and attractive views.

Long Distance Telephone, 25-L.

REPORTS OF STATE
HOSPITALS

SIXTY-THIRD ANNUAL REPORT
OF THE
Utica State Hospital
AT UTICA, N. Y.
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905.

OFFICERS

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HON. JOHN D. KERNAN.....	Utica

TREASURER

H. L. PALMER.....	Utica
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RESIDENT OFFICERS

HAROLD L. PALMER, M. D.....	Superintendent and Physician
GEORGE H. TORNEY, JR., M. D.....	First Assistant Physician
EDWARD G. STOUT, M. D.....	Second Assistant Physician
THEODORE I. TOWNSEND, M. D.....	Assistant Physician
JULIUS E. HAIGHT, M. D.....	Junior Physician
ALDELBERT C. MATTHEWS.....	Medical Intern
CLARA SMITH, M. D.....	Woman Physician
CHARLES A. MOSHER.....	Steward
EMMA BARKER.....	Matron

REPORT OF THE BOARD OF MANAGERS

To the Honorable The Lunacy Commission:

Subdivision of section 33 of the Insanity Law requires the managers of the several hospitals to "make to the Commission in Lunacy, in October of each year, a detailed report of the results of their visits and inspection, with suitable suggestions and such other matters as may be required of them by the Commission, for the year ending on the 30th day of September, preceding the date of such report."

The appointment of the present Board of Managers was made June 22, 1905, so that they were not in office during the entire year. Of those appointed managers five had previously been in the service as members of the Board of Visitors. Though the office of the managers does not extend over a whole year the purpose of this report will be better served if the review is of the complete year ending September 30 rather than for a fraction thereof, during which the present Board has been technically and actually in existence.

Accompanying this report is the report of the superintendent, which goes more at length into detail, giving the figures and statistics of the hospital population and its movements. From these sources it appears that on the 1st day of October, 1904, there were in the hospital 1,134 patients, 549 of whom were men and 585 women. During the year which has been closed there have been admitted 160 men and 161 women, a total of 321, which is eight in excess of the number of admissions for the previous year. During the year ending September 30, 1905, there were 709 men and 746 women under treatment, making a total of 1,455, the largest number cared for in this institution since it was first opened for the reception of patients. The daily average population was 1,153. A question often asked is whether women or men are more numerous in institutions for the care and treatment of the insane. The figures above given answer that question as well as it can be answered. During the year there were 35 more women than men cared for here, and curiously enough there was only a difference of one in the admissions for the year.

Of the patients discharged during the year, 158 were men and 139 were women, a total of 297, and there remained under treatment in the hospital on October 1, 1905, 551 men and 607 women, a total of 1,158. Of those discharged, 35 men and 41 women were sent out from the hospital as recovered, the total of 76 being a gratifying

UTICA STATE HOSPITAL—ANNUAL REPORT

showing for the year. Of the others, 61 patients were discharged improved, 45 unimproved, and four were discharged as not insane. It should be stated, in explanation, that the 45 characterized as unimproved among those discharged, were either of a safe and harmless class, of no danger to themselves or anybody else at large, or instances where friends or relatives desired to care for them, and voluntarily accepted the responsibility. During the year the number of deaths was 111, an average of more than two for every week in that year.

It is an especial occasion to congratulate and commend the superintendent, the assistant physicians and the nurses that the recovery rate for the year, based upon the number of admissions, is 23.67. The recovery rate for the previous year, similarly computed, was 21.41.

In speaking of the population of this hospital, which during the last year had a daily average of 1,153, it is interesting to note that from 1843 to 1890 the average population was only 600. The increase was contemporaneous with the beginning of State care. Since then the infirmary addition has been constructed, which is now accommodating 230 patients. On the north side an addition has been constructed providing three congregate dining-rooms in the place of ward dining-rooms, which latter space is now devoted to dormitories, accommodating, at a generous estimate, 100 patients. The farm colony, known as "Graycroft," furnishes quarters for 50 work-ing patients. These are practically all the additions to this hospital, providing only for 380 more patients, while, as a matter of fact, the space which previous to 1890 accommodated only 600, was last year occupied by a daily average population of 1,153.

The year ending September 30, 1905, has seen some improvement and some advance in the facilities and accommodations of this hospital. The new central kitchen, so long under way, has during that time come into complete occupancy and operation, and is admirably serving the purposes for which it was designed. In its use there is not only convenience but economy with consequent better service to all the inmates. A very satisfactory feature of this structure is the dining-room for employes, which, while it in no way increases the capacity of the hospital, does give more room in the ward dining-rooms for the patients, and also enables the nurses and attendants to have their meals by themselves, where they can three times a day have a little change and be relieved for a while from their arduous and exacting duties on the wards. They have the oppor-

UTICA STATE HOSPITAL—ANNUAL REPORT

tunity to meet socially for a few minutes and their meals are not interrupted or interfered with by the patients, which, especially for those on the disturbed wards, is a much-appreciated relief.

Another very important and valuable acquisition which has come into use during the year is the isolation hospital, a neat frame building of two stories, with an accommodation for 34 patients. The building stands by itself in the rear of the large hospital. It is neat and comfortable, and serves a very useful purpose and is always ready for any exigency that may arise. The facilities for isolating contagious cases which it affords might easily prevent an epidemic in the institution, and also insures for the patients better care than could be provided on the wards.

The superintendent's residence and the staff house were neither commenced nor completed within the year, but during those twelve months have been progressing slowly, and are now approaching the day when their expectant occupants may make their home there. The staff house is near enough to the main hospital so that the physicians are always within easy call. Notwithstanding this fact, it is the belief of this board that one member of the medical staff should remain over night in what is commonly called "The Center" of the main hospital building, so as to be able to reach any bedside within a minute or two. Whether one physician shall be thus permanently quartered, or whether the members of the staff shall divide this service is a matter for the superintendent to decide.

Last winter there was a renewal of the effort to put a street through the hospital grounds, bisecting its property. The effort took the form of a bill, which, fortunately for the State, for this hospital and its inmates, did not succeed. While the Managers sympathize with and appreciate the opinion of property owners in the vicinity, whose convenience would thus be secured, they can not conscientiously, from the hospital point of view, give their approval to any such plan. The objections are many and manifest. They have been presented before, and presumably the Commissioners are familiar with them.

When the time comes that the superintendent's residence and staff house shall be ready for occupancy, work on the alterations and changes in that part of the main building known as "The Center" can be commenced, and when completed there will be dormitory, day and dining room facilities for about 100 patients. The work will require some time, and it will probably be near the close of the current year before that increased capacity will be available.

The Board desires especially to call the attention of the Commission to the needs of wards 16, 21, and 25, for larger and more commo-

UTICA STATE HOSPITAL—ANNUAL REPORT

dious day rooms. This situation was looked over by the Commission when all its members visited the institution on the occasion of their fall inspection, and as to it there is believed to be an unanimity of opinion.

The nurses' home, for which an appropriation was made last winter, was not commenced within the year, but proposals are being advertised for and perhaps the foundation can be put in before inclement weather prevents further outdoor building. This will be a much-appreciated addition, and besides being more comfortable for the nurses, will give more room for patients.

The work of providing ward 21 with new floor, windows, etc., is progressing satisfactorily, and before long similar repairs will be inaugurated on ward 25.

The hospital has need for many improvements during the coming year, not all of which will be enumerated herewith. It would be exceedingly desirable if an appropriation can be made for the purpose of securing more land in the immediate vicinity of the spring, which furnishes the hospital with its water supply. A time ago some of the land in this neighborhood was offered for sale, but for lack of funds the State was not a bidder. If it could be secured by private purchase on any reasonable terms it ought to be done.

On the occasion of their recent visit the attention of the Commission was called to the conditions existing at the boathouse on the Erie canal, and to the pleasure steamer "Russell Hazzard," the name of whose donor it bears. It is respectfully submitted that the steamer, its dock and its house should be improved and repaired. A few hundred dollars will put them all in fair condition.

Without going into detail or argument as to each specific item, the following requests for the year are respectfully submitted and earnestly urged:

Elevators for congregate dining-rooms, men's and women's departments.....	\$3,800 00
Extraordinary repairs to wards 5, 9, 14, 22 and 26	1,145 00
Veranda for aged men, east side of ward 14.....	750 00
8,200 square feet new tin roofing, ward 9	800 00
5,300 square feet new tin roofing for assembly hall.....	515 00
Sun room, wards 16, 21 and 25, women's department	2,500 00
Barn at "Graycroft," with silos.....	5,500 00
Potato digger.....	100 00
Monarch sprinkling pump, with complete attachment..	75 00
Monarch self-feed ensilage cutter, with blower elevator and 50 feet of pipe.....	350 00
Dump wagon, "Acme," capacity 1½ yards.....	150 00

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Star whitewashing and spraying machine.....	\$75 00
Two carloads of drain tile.....	250 00
Picket fence.....	600 00
Cold storage and ice plant.....	20,000 00
Crushed stone for roads.....	250 00
Extraordinary painting.....	1,453 00
Repairing smoke flue, boiler-room.....	325 00
Two Duplex steam pumps for water supply and fire protection, installed.....	2,000 00
Horse, wagon and delivery wagon.....	350 00

At the beginning of this report reference was made to the fact that when Boards of Managers were substituted for Boards of Visitors in the hospitals for the insane the five who had served this institution in the latter capacity were among the seven appointed to the former office. It is fair, therefore, to enumerate their visits during the entire year, whether their office was technically characterized as visitors or managers. The number of the recorded visits is 171, or an average of more than three for every week during the year. It is easily within bounds to say that over two score of other visits have been made of which no record was kept. It is respectfully submitted and confidently believed that these visits have not been without benefit to the institution and its inmates.

During the year this Board, this hospital and its inmates have suffered a serious and indeed almost irreparable loss in the death of Hon. W. Stuart Walcott, president of the Board of Visitors, and afterward president of the Board of Managers. An appropriate minute was adopted, spread on the records, forwarded to the family, and a copy sent to his Excellency, the Governor, and to the Honorable Lunacy Commission.

The Board of Managers of the Utica State Hospital enter upon the discharge of their duties for the new year with interest in the work, and a desire to do whatever lies within their power to advance the interests and welfare of the institution and its inmates.

All of which is respectfully submitted.

GEORGE E. DUNHAM

THOMAS F. BAKER

MARIETTE D. COXE

LIZZIE W. CONSTABLE

ANDREW V. V. RAYMOND

JOHN D. KERNAN

OCTOBER, 1905

Board of Managers

UTICA STATE HOSPITAL—ANNUAL REPORT

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

In accordance with statutory regulations, I have the honor, as superintendent, to submit herewith the sixty-third annual report of the Utica State Hospital for the fiscal year ending September 30, 1905. To this report are appended the usual statistical tables.

MOVEMENT OF POPULATION.

The following table shows the movement of population for the year:

	Men	Women	Total
Remaining October 1, 1904.....	549	585	1,134
Admitted during year ending September 30, 1905.....	160	161	321
On original commitments:			
From residences.....	156	158	314
By transfers from other institutions for insane.....	4	3	7
Total number under treatment during year.....	709	746	1,455
Daily average population.....	557	595	1,153
Capacity of institution.....	556	554	1,110
Discharged during the year:			
As recovered.....	35	41	76
As improved.....	27	34	61
As unimproved.....	31	14	45
As not insane.....	2	2	4
Died.....	63	48	111
Whole number discharged during year.....	158	139	297
Remaining October 1, 1905.....	551	607	1,158

UTICA STATE HOSPITAL—ANNUAL REPORT

GENERAL STATISTICS.

At the beginning of the year there were 1,134 patients in the hospital, 549 men and 585 women. At the end of the year there were 1,158 patients, 551 men and 607 women, showing a gain in population of 24. This increase is mainly confined to the women's department. The total number under treatment was 1,455, as against 1,379 last year. The largest number in the hospital at any one time was 1,188, and the smallest 1,132. The daily average population was 1,152. The capacity of the institution has been increased to 1,110.

ADMISSIONS

Three hundred and twenty-one patients were admitted, all on original commitments but seven, who were transferred from other institutions. This is the largest number admitted in the past 10 years, and is explained by the fact that our district is increasing in population. The city of Schenectady alone has added 26,000 to its population in the past five years, and most of the other towns have made decided gains.

DISCHARGES

Seventy-six patients were discharged recovered, 61 improved, 45 unimproved, and four not insane, a total of 186. The cases classed as not insane were either drug habitues or alcoholics. Two aliens were sent to their homes in foreign countries.

RECOVERIES

The recovery rate on admissions was 23.67, as against 21.41 last year. On the daily average population 6.51. On the whole number treated, 5.22; on the number discharged, 25.89.

DEATHS

One hundred and eleven patients died during the year, 63 men and 48 women, which is 7.62 per cent on the number treated and 9.63 per cent on the average population. The death rate was practically the same as last year. Twenty-four patients died of general paresis. Thirty-one were over 70 years of age.

TRAINING SCHOOL

The senior class of the training school at the opening of the year was made up of 11 members. Of these, 10 graduated. The eleventh left the service of the hospital during the course.

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The junior class numbered 13 members at the commencement of the year. Eleven of the number presented themselves for examination for entrance to the senior class, and all passed.

Lectures and recitations were held weekly, as heretofore, and demonstrations were given from time to time. The interest in the training school is on the increase as is evidenced by the fact that the present junior class contains 29 members, the largest number in the history of the school. It is expected that the wider dissemination of special knowledge among the nurses will result in very decided benefit to the patients in the way of more intelligent care and attention.

DIPHTHERIA

There have been ten cases of diphtheria during the fiscal year, four nurses, one kitchen helper and five patients. There was but one male case. Only one of the cases was of so severe a type as to cause anxiety, and all yielded readily to antitoxin.

The disease reappeared December 1, 1904, in a nurse on ward 20, and the following day a patient on the same ward was affected. The third case occurred during February in a kitchen helper who occupied a room in the basement under the south wing. March 15 a nurse on ward 24 was stricken with the disease, three days later a nurse on ward 27, and on the 27th a patient on ward 6. The four other cases appeared on ward 27. A nurse and patient were affected during April and a patient during May and June, respectively.

In all cases the other patients on the wards were immunized after the appearance of the disease, cultures were taken for the determination of the bacillus of the disease in the throats of well persons, and those found affected were isolated until three successive cultures, taken on alternate days, proved negative.

There had been no recurrence of the disease from June up to the end of the year.

The new isolation pavilion was opened for use in May, 1905.

For the health officer of the city 123 cultures were made and microscopically examined by the hospital officers.

STAFF MEETINGS

The medical officers met three times a week throughout the year for the study of the cases of recently admitted patients and for the demonstration of such pathological material as offered. The method outlined by Dr. Adolf Meyer, Director of the State Hos-

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pitals' Pathological Institute, has been followed and has proved a distinct advance over the plan formerly in operation here and elsewhere. Not only has the subject of diagnosis been much clarified, but the joint consideration of cases has aided in the determination of prognoses and in indicating methods of treatment.

Dr. Torney was in attendance at the Pathological Institute for a period of three months last year. Dr. Townsend pursued the same course this year and it is expected that a third member of the staff will be able to take advantage during the coming winter of special courses pertaining to laboratory work.

VISITING

The question of the visitation of patients by friends and relatives is one which I deem it worth while to mention. For many years it has been a rule of this institution to set aside two days in each week for this purpose. During the last few years a tendency on the part of patients' friends to come to the hospital on all the days of the week, and particularly on Sundays, has developed much to the detriment of the regular routine work. The patients most likely to be visited are as a rule most able to be employed and in most instances it becomes necessary not only to take a patient from the work in which he is engaged, perhaps in some distant part of the building or grounds, but an attendant must also be stopped in his labors to go after the patient. Sunday is a particularly bad day for visiting, as fully a third of the working force is absent. This constant interruption on all days of the week, as can be readily seen, is a great inconvenience, but one which it seems almost impossible to impress upon the visitors.

Another question in regard to visiting is whether it is beneficial to the patient. Most patients when visited take occasion to importune their friends to take them from the hospital and so work upon their sympathies as to induce them to seek a physician for the purpose of obtaining the patient's discharge whether in a suitable condition or not. If the physician feels that such a course is unwise the friends are many times much incensed and the patient is left in a highly nervous state, sometimes very much agitated, and often hysterical or, on the other hand, despondent and depressed.

In view of these facts it seems that visiting should be allowed in extreme moderation and in order to accomplish this the co-operation of friends is necessary or a stringent rule instituted and enforced.

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AMUSEMENTS

During the past year the patients have been abundantly entertained through the kindness of our citizens and by means of the amusement fund. From time to time patients in the female division have been given trolley parties, lawn games, drives and theater parties. The Simplex piano continues to give enjoyment to patients on the convalescent ward, the latest music being added to our collection at intervals. A new piano is about to be purchased for ward 27. During the past winter many sleighrides were given. The regular weekly dances began the first Thursday in October and continued to the last Thursday in May. These are always looked forward to with much pleasurable anticipation.

In the male division, games, the weekly dances and outdoor sports were enjoyed. Two new phonographs were purchased, one for "Graycroft" and the other for the main building, and both are much in use and a source of great enjoyment. On ward 1, the billiard table attracts many patients and the games are spirited and exciting. As an experiment, the regular Christmas entertainment varied from our usual rule, and people from a local vaudeville theater were obtained; this, however, did not give entire satisfaction. The usual field day programme was carried out, with more contestants than usual. In the summer, parties attended the circus. The boat was not in commission last summer.

A number of new books were added to the library by donation of various citizens, and these with the others on hand are read with much enjoyment by patients in both divisions.

We are indebted to the following for entertainment: Briggs' Banjo and Mandolin Clubs; Henderson and Rosani, magicians; Haydn Male Chorus; The District School by the Lady Maccabees; and The Heir of Tottenham, by a local amateur company.

TRANSFER OF PATIENTS

The pressure on the wards was relieved to some extent by means of a transfer of 24 patients to the tuberculosis pavilion of the Binghamton State Hospital, which was recently completed. The patients transferred were men. If it had been possible to send women the relief would have been greater as the congestion in the hospital is most pronounced in the women's department. However, it is gratifying to have these cases removed from the wards where they are a menace to the health of others, and it is certainly very advantageous to the patients themselves as they will now be situated where special attention will be given their malady in a building especially designed for the purpose.

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FARM AND GROUNDS

I have the following statement from the steward in regard to the farming operations of the year: The past season was very wet and cold, and generally unsatisfactory for farming operations. When the work of the farm and garden was laid out in the spring, it was with the earnest hope that the conditions which the farmers had been laboring under for several seasons past, i. e., wet and cold, would give place to fine weather, but unfortunately it was not to be. It was exceedingly difficult to get the seed into the ground, owing to the protracted rains. This was finally accomplished, but later bad weather rendered it impossible to properly cultivate the young crops. While we were obliged to stand idle, weeds, the farmer's greatest enemy, were thriving, as never before, and although every effort was made to keep them down, the result was only partially successful. Working early, late, and between showers, we did manage to get our crops all in, as follows:

25 acres for gardening purposes.

40 acres for silage corn.

4 acres for early potatoes.

2 acres for rutabagas.

25 acres for oats.

17 acres for late potatoes.

5 acres for green fodder.

2 acres for melons.

The remainder of the farm running to meadow and pasturage.

The garden gave us a good yield of vegetables; green peas early in June; followed by early cabbage the fore part of July, and from the Fourth of July to date there has been a steady supply of all kinds of garden produce to the kitchens, which, it is unnecessary to state, was greatly appreciated by patients and employes. The 40 acres of sowed corn produced, as nearly as we can estimate, 600 tons of ensilage of good quality. The question of "what is the best corn for ensilage?" having been one of dispute in this locality for some time, we decided to experiment with the five of the best-known brands. We therefore purchased the following seed: "Red Cob," "Cuban Giant," "Pride of the North," "Leahming" and "Mortgage Lifter." The conditions surrounding the experiments were practically the same. The results showed no great advantage one over another with these exceptions, the Red Cob, Cuban Giant, Mortgage Lifter and Leahming showed the greater growth of stalk, while the Pride gave us the best ears, satisfying us that the best results are obtained by sowing Pride of the North equally with any of the other grades.

UTICA STATE HOSPITAL—ANNUAL REPORT

The four acres of early potatoes gave us a very good yield. The seed was "Early Northern," planted early and in soil well fertilized. As soon as the vines made their appearance above ground, they were sprayed weekly with Bordeaux mixture and were not affected with blight.

The two acres of rutabagas are still in the ground, and from their present condition warrant us in saying there will be a fair yield.

The condition of our oats early in the spring was very promising, and predictions were made many times that we would have an unusual crop, but the excessive rains and high winds lodged them to such an extent that it was with the greatest difficulty they were harvested. The yield, 1,250 bushels, was very fair; besides we housed a large quantity of straw. The two acres of melons were a failure, undoubtedly due to the extremely cold nights. Our yield of hay, while not as heavy as the previous year, was of exceptionally good quality, the average being about two tons per acre. Aside from meadows cut on the hospital property, some 40 to 50 acres of standing grass was purchased at prices ranging from \$3 to \$5 per acre. The late potatoes, although thoroughly sprayed with Bordeaux during the summer, are now being dug, and over one-half the yield is left in the field, decayed. For several years past we have been obliged to report the partial failure of our potato crop. This season we determined early in the spring that if there was any virtue in care and Bordeaux, we should have a different tale to unfold this fall, but with all our efforts to combat the dreadful blight we must admit defeat. However, although defeated, it has not been without its good results, for we believe that we have solved at least a part of the difficulty, which is, we did not use as large a quantity of Bordeaux as we should. Next season, God willing, we intend to plant five acres of potatoes, starting the sprayer as soon as the vines show above the ground, and thereafter weekly, but each week increasing the amount of solution, until at last the quantity used to spray one acre shall have reached five times that used when the vines were small. Should satisfactory results not be obtained by this measure we will let potato raising alone.

About three acres of alfalfa were sown this season, and it now looks thrifty and green, and should it survive the coming winter next season will no doubt see a fine stand. From all accounts alfalfa is one of the very best crops a farmer can produce, as it can be cut from three to four times each season, and is one of the best milk producers known. As our method of preparing the soil and sowing the seed was unusual it is worth relating. The ground selected had been

UTICA STATE HOSPITAL—ANNUAL REPORT

used for corn and the weeds kept down by constant cultivation. After the crop had been harvested it was thoroughly fitted and about one ton per acre of fine air-slacked lime drilled in. After harrowing again, the seed was sown in drills, with a two-horse grain drill, 18 inches apart, leaving room between the rows to cultivate with a horse, and thereby enabling us still further to keep the weeds down. At this writing the clover has spread out until nearly all of the ground is covered, and should favorable weather continue until late in the fall, it will no doubt completely cover the land.

Our dairy the past year has done exceptionally well. The average number of milch cows has been 60, 22 of them being heifers, and they have produced on an average over 25 pounds of milk daily. When the fact is considered that we have only about 75 acres of pasture, and some of that low and wet, besides the large number of young cattle in the dairy, I think it can truthfully be said that the herd is a great source of profit to the hospital. This fact is further proven by comparison of per capita cost of dairy supplies with hospitals where no cattle are kept, and the supply of milk is purchased. We are trying to improve our dairy by bringing the flow of milk up to a 35-pound daily average, and to this end have purchased a thoroughbred Ayrshire bull. At present our herd consists mostly of grade Holsteins, with a registered Holstein bull at the head, and while these cattle are great milk producers they are also great food consumers. Ayrshire cattle have been well and favorably known for a long time in this section as a breed which give a good flow of rich milk on a small grain ration. After careful consideration we have decided to make an experiment by keeping two breeds, Holstein and Ayrshires. The result will be carefully watched and reported upon later.

The general health of our farm stock, horses, cattle, swine and poultry, has been good. Our herd of swine now comprises over 200, and should it be free from disease the coming winter, will furnish the hospital with a large quantity of excellent pork. Two incubators have been purchased and have given satisfactory results, the number of fowls at present being over 1,000.

The usual amount of drainage, repairs to fences and other work has been done to improve conditions generally. Most of the farming operations are carried on at our colony, Graycroft, situated about one and one-eighth miles in the rear of the hospital. The house is in fairly good condition, but the comfort of the 40 or 50 patients housed here, could be materially added to by expenditures from time to time for improvements.

Right here it is well to speak of the necessity for a new barn to replace the old ramshackle building near the house, in which

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about 30 head of cattle are sheltered. This old building, erected over 50 years ago, placed in the lowest spot in the vicinity, is now ready to tumble down. The sanitary conditions are simply fearful. At times during the past summer water to the depth of one and one-half feet has run through the stable, and it was necessary to turn the cattle out in the rain (to keep them dry). If it were possible for the authorities to see these conditions, which are of so frequent occurrence, we are of the opinion that a new building would be erected immediately.

MANUFACTURING DEPARTMENT

This department continues to grow at a rapid rate. The sales for the past year, amounting to more than \$72,000, are the largest in the history of the department.

The printing and binding department is unusually busy owing to the consolidation of the plant formerly at Manhattan State Hospital, East, with the one here. This department in the future will probably turn out 30 to 40 per cent more work than in the past. Typewriter supplies have now been added to this department.

The knitting-shop continues the production of the same class of goods as formerly. The price on these articles has been reduced somewhat during the year and two new knitting-machines have been installed. With this additional equipment we have been able to fill all orders promptly.

Of the coffee and spice department little can be said. The price of coffee has remained about the same but the quantity handled has been somewhat larger. The spices supplied by this department are absolutely pure and at a lower price than they could be purchased in the open market.

The broom, brush and mat, and harness departments while turning out less work than the others, are generally busy and produce a first-class article. The harness-maker, when not busy in his own department, assists in the roasting of coffee. These industries, while comparatively small, are of great advantage to the hospital.

The entire manufacturing department is self-supporting and prices are made as low as possible without actual loss.

OFFICIAL VISITS

Commissioners Lockwood and Parkhurst visited the hospital on October 5, 1904, and again on June 20, 1905. Dr. William Mabon, President of the Commission, was here on November 25

UTICA STATE HOSPITAL—ANNUAL REPORT

and 26, 1904, and August 13, 1905. Dr. Russell, the medical inspector, visited the institution in November, December, May and September, in each instance remaining several days. Miss Mary V. Clark, the assistant secretary of the State Charities Aid Association, paid her annual visit to the institution in July.

DEATH OF PRESIDENT OF BOARD OF MANAGERS

It is with a feeling of deep sorrow that I have to record the death of Mr. Walcott, who has for many years been devoted to the interests of this hospital. The following minute adopted by the Board fully sets forth the extent of his services and the esteem and respect in which he was held by all:

"Hon. W. Stuart Walcott was appointed a manager of the Utica State Hospital for the Insane in 1888 and by successive appointments continued in the service of the State in connection with the institution till the day of his death, September 4, 1905.

"When he entered the service it was under the old regime and the managers were so in fact as well as in name. They had in charge all the affairs of the institution, including the sole power of appointing the superintendent, the purchase of supplies, the expenditure of money and indeed nearly all the authority now transferred by legislative enactment and centralized in the Commission of Lunacy. Mr. Walcott brought to the service a wise and conservative business judgment, an executive ability and a willingness to devote so much of his time and attention as were necessary to the important trust the position imposed. He counted not the hours the work required, calling at the hospital every week and oftener if occasion suggested. He was deeply interested not only in the general management but as well in the patients individually and collectively. He frequently visited them on the wards, always manifesting a keen and intelligent regard for whatever would make them happier or more comfortable. They looked upon him as a personal friend in whom they had implicit confidence, and his thoughtful ministry to them was very thoroughly appreciated. Patient, kind and courteous, he went in and out among them to their great benefit. He was never too busy to listen to the often unreasonable or exaggerated complaints and he pointed out error when it existed so pleasantly that his explanations and statements were usually accepted as conclusive. The patients have lost a friend whose place can not be easily filled.

"Mr. Walcott was elected to succeed the late P. V. Rogers as president of the Board, which office was made vacant by his death. His

UTICA STATE HOSPITAL—ANNUAL REPORT

work in that capacity was in keeping with his character and with his record as a manager. He presided with dignity, was uniformly courteous and endeared himself to his associates in the Board. When the Legislature determined to strip the Managers of the small authority that then remained, and indeed abolished the office of manager, he consented to continue as a visitor, because he was deeply and devotedly attached to the institution and zealously anxious to promote its welfare and that of the inmates in any way possible. This he did, regularly visiting the hospital, giving such counsel and advice as opportunity offered or conditions required. His was an unselfish but very thorough fondness for the work, and thereby he placed hundreds of unfortunates, and as well their friends, under lasting obligations. No other ever did more under like circumstances and none could have done it better. This institution, its inmates and its officers suffer severe and almost irreparable loss by his death. His associates in this Board desire to record their appreciation of his service to the State and its unhappy wards and to commend the splendid devotion and intelligent interest which characterized his long connection with this hospital. They desire, too, to put on record permanent minutes of the loss they feel personally and to convey to the family of the deceased the sincere expression of their sympathy. Such men and such careers are rare and deserve to be held in grateful and reverent recollection."

ACKNOWLEDGMENT

In conclusion, I beg to express my deep appreciation of the cordial support which I have received at the hands of the Board. On many occasions during the course of the year your encouragement and advice has been cheerfully given, as well as much of your valuable time, for all of which I am sincerely grateful. To officers and employees I herewith make due acknowledgment for services well and faithfully rendered.

H. L. PALMER
Superintendent

SEPTEMBER 30, 1905

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REPORT OF THE TREASURER OF UTICA STATE HOSPITAL
FOR THE YEAR ENDING SEPTEMBER 30, 1905

GENERAL FUND

Receipts

Balance on hand October 1, 1904.....		\$4,971 47
From State Treasurer for maintenance...	\$230,515 00	
From State Treasurer for special funds...	64,889 32	
From reimbursing patients.....	11,124 78	
From private patients.....	12,077 53	
From steward's sales.....	200 08	
From manufacturing department.....	72,387 53	
From interest on account.....	330 90	
From other sources.....	19 75	
		<hr/> 391,544 89
		<hr/> \$396,516 36 <hr/>

Expenditures.

Paid officers' salaries.....	\$15,741 57	
Paid wages.....	94,741 88	
Paid provisions and stores.....	65,395 09	
Paid ordinary repairs.....	5,214 33	
Paid farm and grounds.....	7,559 74	
Paid clothing.....	4,941 26	
Paid furniture and bedding.....	7,305 06	
Paid books and stationery.....	1,443 49	
Paid fuel and light.....	20,155 19	
Paid medical supplies.....	1,544 40	
Paid miscellaneous expenses.....	5,532 11	
Paid transportation.....	1,887 80	
Paid construction.....	65,692 61	
Paid manufacturing department.....	80,773 86	
Paid State Treasurer.....	23,533 21	
		<hr/> \$401,461 60
Overdraft		<hr/> \$4,945 24 <hr/>

H. L. PALMER

Treasurer

UTICA STATE HOSPITAL—ANNUAL REPORT

MATRON'S DEPARTMENT

The matron reports the following number of articles made and repaired in the house during the year:

Aprons.....	1,567
Bibs.....	40
Blankets, quilted.....	2
Clothes bags.....	30
Covers for laundry bars.....	25
Covers for sofa cushions.....	24
Caps for nurses.....	563
Curtains, long, pairs.....	65
Curtains, sash.....	60
Chemises.....	661
Drawers, pairs.....	793
Dresses.....	928
Holdes.....	150
Handkerchiefs.....	522
Mattress ticks.....	370
Napkins.....	251
Nightdresses.....	134
Nightshirts.....	121
Pillowcases.....	2,358
Sheets.....	2,857
Shirts.....	570
Skirts.....	698
Suspenders.....	85
Spreads, plain.....	34
Spreads, hemstitched.....	14
Spreads, bureau.....	124
Spreads, cupboard.....	102
Screens, covered.....	12
Spread for laboratory.....	1
Strainers for coffee.....	11
Tablecloths for bed tables.....	24
Tablecloths.....	395
Tray cloths.....	144
Tidies, crocheted.....	26
Towels.....	6,551
Articles made.....	20,313
Articles mended.....	81,267

UTICA STATE HOSPITAL—ANNUAL REPORT

TAILOR'S DEPARTMENT

Articles Made

Coats.....	380
Vests.....	305
Pants.....	679
Pants, crash.....	126
Coats, crash.....	136
Caps.....	106
Overcoats.....	11
Overalls.....	307
Waiters' coats.....	19
Barber's coats.....	2
Canvas helmets.....	2
Strong suits.....	4
Slippers.....	6
Rugs.....	22
Mail bags.....	2
Aprons.....	8
Chair cushions.....	2
Hats.....	100
Jackets.....	230
Awnings.....	8
Window seats.....	3
Absorbent bandages.....	145
	<hr/>
	2,603
	<hr/>

Articles Repaired.

Coats.....	3,225
Vests.....	1,500
Pants.....	7,025
	<hr/>
	11,750
	<hr/>

UPHOLSTERY DEPARTMENT

Couches made and upholstered.....	12
Mattresses.....	478
Pillows.....	338
Brushes, hair.....	1,080
Brushes, bath.....	504
Brushes, shoe.....	270

UTICA STATE HOSPITAL—ANNUAL REPORT

Brushes, scrubbing.....	699
Polishers, floor.....	368
Counters.....	10
Hair sweepers, made.....	24
Brushes, horse.....	6
Brush blocks and backs bored and shaped.....	1,872
Brooms.....	712
Brooms, whisk.....	268
Door mats, fiber.....	62
Brush guards.....	169
Depressors, made.....	335
Window shades.....	148
Seed boxes.....	118
Tables.....	8
	<hr/>
	7,481
	<hr/>

ARTICLES REPAIRED IN UPHOLSTERY DEPARTMENT

Chairs, caned, common.....	128
Chairs, repaired.....	550
Mammoth rockers, caned.....	167
Mammoth rockers, repaired.....	142
Bedsteads, repaired.....	38
New springs restretched in bedsteads.....	65
Old springs restretched in bedsteads.....	23
Couches, upholstered.....	45
Chairs, upholstered.....	12
Castors put on furniture, new.....	172
Castors put on furniture, repaired.....	12
Window shades, repaired.....	58
Bureaus, repaired.....	17
Cushions, repaired.....	18
Commodes, repaired.....	23
Dressers, repaired.....	4
Foot stools, upholstered.....	20
Floor polishers, repaired.....	102
Settees, repaired.....	51
Settees, caned.....	17
Snow shovels, repaired.....	20
Wash stands, repaired.....	24
Venetian blinds, repaired.....	52
Organs, repaired.....	8

UTICA STATE HOSPITAL—ANNUAL REPORT

Pianos, repaired.....	5
Music boxes, repaired.....	1
Cot beds.....	7
	<hr/>
	1,781
	<hr/>

SHOE SHOP

Men's shoes, made, pairs.....	286
Men's slippers, pairs.....	333
Men's Congress gaiters.....	2
Men's lock shoes.....	8
Men's boots.....	1
Women's shoes.....	198
Shoes repaired.....	988
	<hr/>
	1,816
	<hr/>

KNITTING SHOP

Stockings made, pairs.....	2,236
Socks made, pairs.....	4,799
	<hr/>
	7,035
	<hr/>

HARNESS SHOP

Articles made and repaired.....	839
	<hr/>

SEVENTEENTH ANNUAL REPORT OF THE

UTICA STATE HOSPITAL—ANNUAL REPORT STATISTICAL TABLES

TABLE No. 1
ment of Population for the year Ending September

	Men	Women
tober 1, 1904.....	549	585
ing year ending September 30,	160	161
commitments:		
dences.....	156	158
s from other institutions for in-	4	3
under treatment during year ...	709	746
population.....	557	595
stitution.....	556	554
ring the year:		
d.....	35	41
d.....	27	34
ved.....	31	14
re.....	2	2
.....	63	48
r discharged during the year....	158	139
tober 1, 1905.....	551	607

as discharged as not insane, one was an opium habitué, one
briate and one an imbecile.

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2.

October 1, 1904, to September 30, 1905.

Date of opening.....	Jan. 16, 1843
Total acreage of grounds and buildings.....	455
Value of real estate, including buildings.....	\$1,163,500 00
Value of personal property.....	\$100,000 00
Acreage under cultivation.....	340

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$1,503 56
From State Treasury for maintenance on estimates, 1 to 12 inclusive.....	230,515 00
From private patients.....	12,077 53
From reimbursing patients.....	11,124 78
From all other sources.....	550 73

Total receipts for maintenance..... \$255,771 60

Balance on hand October 1, 1904, extraordinary im- provements.....	\$803 29
Total receipts from State Commission in Lunacy for extraordinary improvements	64,889 32

Balance on hand October 1, 1904, manufacturing de- partment.....	\$2,664 62
Total receipts from manufacturing fund.....	72,387 53

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$15,741 57
Estimate No. 2. For wages.....	94,741 88
Estimate No. 3. For provisions and stores.....	65,395 09
Estimate No. 4. For ordinary repairs.....	5,214 33
Estimate No. 5. For farm and grounds.....	7,559 74
Estimate No. 6. For clothing of patients.....	4,941 26
Estimate No. 7. For furniture and bedding.....	7,305 06
Estimate No. 8. For books and stationery.....	1,443 49
Estimate No. 9. For fuel and light.....	20,155 19
Estimate No. 10. For medical supplies.....	1,544 40

INTH ANNUAL REPORT OF THE

STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

miscellaneous expenses.....	\$5,5
transportation.....	1,8
ts, estimates 1 to 12 inclusive.	\$231,4
under chapter 580, Laws of	
3.....	23,5
	<hr/>
	\$254,9
	<hr/>
uring year for extraordinary	
r apportionments by State	
icy.....	\$65,6
during year, manufacturing	
.....	80,7
	<hr/>
1, 1905:	
und.....	\$7
eficit.....	\$5,7
	<hr/>
t on daily average number of	
1 to 12 inclusive.....	
	<hr/>
wages paid attendants:	
.....	\$
.....	
.....	
.....	
	<hr/>
wages paid attendants:	
.....	\$
.....	
	<hr/>
dants to average daily popula-	
.....	1 to
attendants to average daily	
.....	1 to
atient population engaged in	
occupation.....	
m and garden products during	
.....	\$23,8
cles made or manufactured by	
.....	\$11,5
	<hr/>

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	5	3	8	2	1	3	....
Mental strain, worry and overwork (not included in above).....	5	8	13	2	4	6	1
Religious excitement.....	2	.....	2	1	.....	1	2
Love affairs (including seduction).....	.....	2	2	.....	.....	.....	.....
Fright and nervous shock.....	.....	1	1	.....	.....	.....	.....
Physical:							
Intemperance.....	27	3	30	6	1	7	3
Venereal diseases.....	12	2	14	4	2	6	....
Accident or injury.....	1	1	2	.....	1	1	1
Pregnancy.....	.....	1	1	.....	.....	.....	.....
Parturition and puerperium.....	.....	5	5	.....	.....	.....	.....
Change of life.....	.....	13	13	.....	4	4	.....
Fevers.....	.....	3	3	.....	2	2	.....
Privation and overwork..	1	2	3	.....	1	1	.....
Epilepsy.....	8	4	12	2	1	3	3
Diseases of skull and brain	5	2	7	2	.....	2	2
Old age.....	24	18	42	6	10	16	5
Abuse of drugs.....	3	2	5	1	1	2	....
Loss of special sense....	1	.....	1	1	.....	1	.....
All other bodily disorders and ill health.....	8	10	18	2	1	3	....
Hereditary.....	5	31	36	5	31	36	....
Congenital defect....	10	1	11	6	.....	6	1
Unascertained.....	41	47	88	2	5	7	16
Not insane.....	2	2	4	.....	.....	.....	.....
Total.....	160	161	321	42	65	107	34

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	28	18	4
General paralysis.....	28	.....	24
Senile insanity.....	39	.....	50
Epilepsy with insanity.....	12	.....	3
Imbecility, idiocy with insanity.....	12	.....	.....
Other psychoses.....	197	58	30
*Not insane.....	5	.....	.....
Total.....	321	76	111

*Includes cases of alcoholism, drug habit, etc.

TABLE NO. 5

Temporarily discontinued.

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6
 Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	18	16	34	2	.....	2	293	244	537	11	6	17
One to three months.....	4	10	14	10	7	17	163	211	374	166	115	281
Three to six months.....	4	3	7	11	16	27	73	98	171	250	216	466
Six to nine months.....	3	5	8	3	8	11	47	48	95	127	160	287
Nine months to one year.....	1	.....	1	3	5	8	27	21	48	53	79	132
One year to eighteen months.....	3	.....	3	5	1	6	29	24	53	64	72	136
Eighteen months to two years.....	.....	1	1	.....	.....	.....	8	4	12	12	18	30
Two to three years.....	1	2	3	.....	4	4	10	16	26	26	23	49
Three to four years.....	.....	.....	.....	1	.....	1	5	3	8	13	5	18
Four to five years.....	.....	1	1	.....	.....	.....	6	4	10	2	2	4
Five to ten years.....	1	.....	1	.....	.....	.....	9	1	10	3	6	9
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	3	.....	3	1	.....	1
Unascertained.....	.....	3	3	.....	.....	.....	55	28	83	.....	.....	.....
Total.....	35	41	76	35	41	76	728	702	1,430	728	702	1,430

ENTH ANNUAL REPORT OF THE

STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Death of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
is-					
..					3
..				6	8
a.	2	3	5	11	7
..				3	2
..				1	2
..	2	5	7	76	102
es:					
u-				1	
..					
nd					1
..					
es-					
h				3	3
ies	8	8	16	57	65
..				5	
to-					
..		1	1	8	5
ra-					
nd					
..				1	
i..	2		2	6	2
..	10	1	11	80	48
..	1		1	4	2
la-					
ar-					
..				1	1
..	11	8	19	57	110
..				8	1
..				2	1
od					
ds:					
ne-					
..				2	
to-					
..	3	3	6	30	56

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of the spinal cord.....				4	2	6
Diseases of the meninges.....		1	1	18	4	22
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	6	4	10	67	42	109
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....				9	8	17
Epilepsy.....	2	1	3	6	4	10
Mental diseases:						
Exhaustion of acute mental disease.....	2	2	4	64	29	93
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	13	5	18	219	53	272
The intoxications; heat stroke; obesity:						
Alcoholism.....				1		1
Mercurial poisoning.....				1	1	2
Debility of old age.....				93	30	123
Accident.....		2	2	6	4	10
Suicide.....				11	5	16
Surgical and gynecological diseases and diseases of the skin.....				10	11	21
Malignant new growths or cancer.....	1	4	5	7	23	30
Unknown.....					1	1
Total.....	63	48	111	878	638	1,516

NINTH ANNUAL REPORT OF THE
 STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

ncy to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
..	15	15	30	265	276
..	10	28	38	263	315
al					
..	5	4	9	77	73
..	12	18	30	230	234
..	94	86	180	1,036	928
..	24	10	34	1,141	819
..	.....	.....	.....	14	17
..	160	161	321	3,096	2,662

TABLE No. 9

of patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
..	71	49	120	1,410	934
..	74	81	155	1,349	1,162
..	15	29	44	258	514
..	.....	1	1	21	16
..	.....	1	1	58	36
..	160	161	321	3,096	2,662

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	2	.....	2	59	2	61
Academic.....	11	22	33	144	232	376
Common school. ●.....	130	113	243	2,136	1,809	3,945
Read and write.....	5	4	9	221	146	367
Read only.....	2	8	10	118	114	232
No education.....	10	12	22	232	225	457
Unascertained.....	.....	2	2	186	134	320
Total.....	160	161	321	3,096	2,662	5,758

STATE COMMISSION IN LUNACY

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Living ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years....				1		
From 10 to 15 years....				7	4	
From 15 to 20 years....	4	4	8	108	87	
From 20 to 25 years....	13	10	23	231	183	
From 25 to 30 years....	14	13	27	297	268	
From 30 to 35 years....	25	15	40	393	300	
From 35 to 40 years....	15	21	36	403	293	
From 40 to 50 years....	30	49	79	673	599	1,272
From 50 to 60 years....	26	21	47	436	432	868
From 60 to 70 years....	20	18	38	324	289	613
From 70 to 80 years....	9	8	17	174	147	321
From 80 to 90 years....	1	2	3	49	60	109
Total.....	160	161	321	3,096	2,662	5,758

TABLE No. 13

Living ages of those discharged recovered during the current year since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years....	1		1	33	42	75
From 20 to 30 years....	8	7	15	173	185	358
From 30 to 40 years....	8	12	20	187	187	374
From 40 to 50 years....	13	13	26	175	150	325
From 50 to 60 years....	5	4	9	89	88	177
From 60 to 70 years....		5	5	59	38	97
From 70 to 80 years....				12	12	24
Total.....	35	41	76	728	702	1,430

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888	
	Men	Women	Total	Men	Women
From 10 to 15 years.....				1	3
From 15 to 20 years.....				6	12
From 20 to 25 years.....				26	20
From 25 to 30 years.....	3		3	27	32
From 30 to 35 years.....	4	1	5	84	49
From 35 to 40 years.....	4	2	6	100	106
From 40 to 50 years.....	11	10	21	152	130
From 50 to 60 years.....	8	10	18	151	116
From 60 to 70 years.....	13	14	27	122	110
From 70 to 80 years.....	18	6	22	51	60
From 80 to 90 years.....	4	5	9		
Total.....	53	48	111	878	638

TABLE No. 15

Showing alleged duration of insanity previous to admission of
admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women
Under one month.....	41	31
One to three months.....	22	24
Three to six months.....	10	19
Six to nine months.....	11	13
Nine months to one year.....	2	3
One year to eighteen months.....	18	12
Eighteen months to two years.....	3	5
Two to three years.....	15	17
Three to four years.....	6	5
Four to five years.....	2	7
Five to ten years.....	16	9
Ten to fifteen years.....	3	5
Fifteen to twenty years.....	2	2
Twenty to thirty years.....		3
Thirty years and upwards.....	1	2
Not insane*.....	6	2
Unascertained.....	2	2
Total.....	160	161

*Includes cases of alcoholism, morphia habit, etc.

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	10	13	23
One to three months.....	25	17	42
Three to six months.....	28	42	70
Six to nine months.....	13	26	39
Nine months to one year.....	20	12	32
One year to eighteen months.....	39	36	75
Eighteen months to two years.....	25	34	59
Two to three years.....	39	43	82
Three to four years.....	33	42	75
Four to five years.....	40	44	84
Five to ten years.....	126	127	253
Ten to fifteen years.....	122	120	242
Fifteen to twenty years.....	20	31	51
Twenty to thirty years.....	6	11	17
Thirty years and upwards.....	5	9	14
Total.....	551	607	1,158

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	3	.....	3	81	4	85
Commercial: Bankers, merchants, ac- countants, clerks, salesmen, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	24	.....	24	361	.....	361
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc.....	40	.....	40	659	.....	659
Mechanics, at out- door vocations: Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc....	23	.....	23	505	.....	505
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	33	.....	33	473	1	474
Domestic service: Waiters, cooks, servants, etc.....	.....	33	33	31	595	626
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	90	90	20	1,342	1,362
Commercial: Shopkeepers, saleswo- men, stenographers, typewriters, etc.....	.....	4	4	.....	32	32

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)!

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		14	14	1	285	286
Miners, seamen, etc.....				15		15
Prostitutes.....					9	9
Laborers.....	30		30	721		721
No occupation.....	7	20	27	187	368	555
Unascertained.....				42	26	68
Total.....	160	161	321	3,096	2,662	5,758

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arkansas.....	1	.....	1	1	.....	1
Connecticut.....	1	.....	1	20	7	27
Delaware.....	.....	.....	.....	1	.....	1
Georgia.....	.....	.....	.....	2	2	4
Illinois.....	.....	.....	.....	.....	5	5
Indiana.....	.....	.....	.....	.....	1	1
Iowa.....	1	.....	1	4	.....	4
Kansas.....	.....	.....	.....	1	1	2
Kentucky.....	.....	.....	.....	2	.....	2
Louisiana.....	.....	.....	.....	1	.....	1
Maine.....	.....	.....	.....	2	1	3
Maryland.....	.....	.....	.....	8	11	19
Massachusetts.....	1	.....	1	19	11	30
Michigan.....	1	.....	1	4	3	7
Missouri.....	1	.....	1	4	3	7
Nebraska.....	.....	.....	.....	2	.....	2
Nevada.....	.....	.....	.....	1	.....	1
New Hampshire.....	2	.....	2	6	4	10
New Jersey.....	.....	.....	.....	6	8	14
New York.....	100	109	209	1,948	1,679	3,627
North Carolina.....	.....	.....	.....	1	2	3
Pennsylvania.....	.....	.....	.....	13	12	25
Ohio.....	1	.....	1	7	4	11
Rhode Island.....	.....	.....	.....	5	1	6
Southern Carolina.....	.....	.....	.....	2	.....	2
Tennessee.....	.....	.....	.....	.....	1	1
Vermont.....	.....	4	4	21	16	37
Virginia.....	2	1	3	7	2	9
West Virginia.....	.....	.....	.....	1	.....	1
Wisconsin.....	.....	1	1	3	7	10
United States.....	2	2	4	53	33	86
Austria.....	4	.....	4	11	3	14
Bohemia.....	.....	.....	.....	4	1	5
Canada.....	3	6	9	61	50	111
Denmark.....	.....	1	1	8	5	13
England.....	5	2	7	102	71	173
France.....	.....	.....	.....	8	10	18
Germany.....	9	10	19	212	185	397
Holland.....	.....	.....	.....	2	3	5
Hungary.....	.....	1	1	8	2	10
Ireland.....	17	9	26	302	341	643

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Italy.....	2	3	5	25	19	44
New Brunswick.....				1		1
Newfoundland.....				1		1
Norway.....				2		2
Poland.....	2	3	5	18	21	39
Roumania.....				1		1
Russia.....		1	1	12	4	22
Scotland.....	1	2	3	12	15	30
Sweden.....	1		1	3	4	7
Switzerland.....		1	1	15	14	29
Wales.....	1	4	5	38	28	66
Unascertained.....	2	1	3	96	72	168
Total.....	160	161	321	3,096	2,662	5,758

Of the total number admitted since the 1st of October, 1888, the parents of 46.11 per cent were both of foreign birth.

In 5.85 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.26 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients
during the year ending September 30, 1905

COUNTIES	Public	Private
Albany.....		
Allegany.....		
Broome.....	2	
Cattaraugus.....		
Cayuga.....	1	
Chautauqua.....		
Chemung.....		
Chenango.....	1	
Clinton.....		
Columbia.....		
Cortland.....		1
Delaware.....		
Dutchess.....		
Erie.....		
Essex.....		
Franklin.....		
Fulton.....	20	
Genesee.....		
Greene.....		
Hamilton.....	1	
Herkimer.....	39	
Jefferson.....	1	
Kings.....		
Lewis.....		
Livingston.....		
Madison.....	2	
Monroe.....		
Montgomery.....	10	
Nassau.....		
New York.....	1	
Niagara.....		
Oneida.....	111	
Onondaga.....	0	
Ontario.....		
Orange.....		
Orleans.....		
Oswego.....	1	
Otsego.....		
Putnam.....		
Queens.....		
Rensselaer.....	1	
Richmond.....		
Rockland.....		
St. Lawrence.....		

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

	Public	Private	Total
oga.....	25	.....	.....
ectady.....	35	.....	.....
arie.....	2	.....	.....
ler.....	.....	.....	.....
a.....	.....	.....	.....
en.....	.....	.....	.....
k.....	.....	.....	.....
an.....	.....	.....	.....
.....
kins.....	.....	.....	.....
r.....	.....	.....	.....
en.....	19	.....	.....
ington.....	.....	.....	.....
ie.....	.....	.....	.....
chester.....	.....	.....	.....
ning.....	.....	.....	.....
.....
ers' Home.....	.....	.....	.....
Total.....	317	4	3

ENTH ANNUAL REPORT OF THE

STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

y counties and classification of patients
treatment September 30, 1905

	PUBLIC			Priv.	
	Men	Women	Total	Men	Women
..	27	5	32	1	
..	1		1		
..	1	1	2		
..		3	3		
..		1	1		
..	1		1		
..		1	1		
..	1	1	2		
..	1		1	1	
..					
..	46	48	94	1	
..	1		1		
..	2		2	1	
..	41	72	113	1	
..		1	1		
..				1	
..	1		1		
..	12	12	24		
..	49	66	115	1	
..	11	8	19	1	
..	226	202	428	4	
..	2	10	12	1	
..					
..		2	2		
..		1	1		
..					
..	10		10		

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
land.....						
Lawrence.....					1	1
toga.....	31	60	91			
nectady.....	46	53	99	1	1	2
harie.....	1	2	3			
tyler.....						
ca.....						
ben.....	1		1			
lk.....						
van.....						
a.....						
pkins.....					1	1
er.....						
ren.....	17	31	48			
nington.....	7	2	9			
ne.....						
chester.....		1	1		1	1
ming.....	1		1			
s.....						
certained.....						
Total.....	537	583	1,120	14	24	38

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 21

Showing the average number of men patients employed, the average daily population, and the percentage employed daily each month in the year ending September 30, 1905

Month	Daily average number men employed	Daily average population	Percentage employed
1904			
October.....	321	553	58.04
November.....	313	557	56.55
December.....	312	555	56.21
1905			
January.....	305	557	54.75
February.....	303	560	54.15
March.....	309	560	55.02
April.....	314	563	55.77
May.....	308	566	54.41
June.....	317	566	59.54
July.....	312	552	56.52
August.....	335	550	60.91
September.....	302	551	54.81
Average percentage.....	.....	.....	56.39

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 22

Showing the average number of women patients employed, the average daily population, and the percentage employed daily each month in the year ending September 30, 1905

MONTH	Daily average number women employed	Daily average population	Percentage employed
1904.			
October.....	285	586	48.63
November.....	292	584	50.00
December.....	286	581	47.51
1905.			
January.....	280	580	48.27
February.....	290	579	50.07
March.....	301	587	51.29
April.....	301	594	50.47
May.....	307	608	50.49
June.....	310	613	50.57
July.....	304	612	49.67
August.....	293	613	47.79
September.....	303	608	49.83
Average percentage.....	.....	.....	49.55

TABLE No. 23

Showing the general statistics of the hospital from the opening, January 16, 1843 to September 30, 1905

Total number of admissions.....	23,015
Total number discharged recovered.....	7,423
Total number discharged improved.....	3,435
Total number discharged unimproved.....	6,827
Total number died.....	3,723
Total number discharged not insane.....	449
	<hr/> 21,857
Remaining September 30, 1905.....	<hr/> 1,158

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 24

General statement of the operations of the Utica State Hospital for the sixty-two years ending September 30, 1905

YEAR	Number admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
1843.....	276	80	276	53	14	6	.....	7
1844.....	275	211	471	132	47	16	.....	16
1845.....	293	268	553	135	78	34	.....	21
1846.....	337	248	662	133	60	33	.....	22
1847.....	428	330	802	187	70	25	.....	48
1848.....	405	382	877	174	84	38	.....	86
1849.....	362	408	857	203	66	70	.....	69
1850.....	367	387	816	171	57	108	.....	51
1851.....	366	360	795	112	66	134	.....	48
1852.....	390	400	825	156	53	152	.....	39
1853.....	424	403	849	169	66	129	.....	39
1854.....	390	386	836	164	42	115	.....	65
1855.....	275	270	725	128	15	79	16	32
1856.....	242	236	697	100	33	65	8	30
1857.....	235	245	696	95	25	83	10	32
1858.....	333	282	784	114	33	99	5	31
1859.....	312	295	814	114	57	86	3	35
1860.....	337	399	856	105	56	133	3	42
1861.....	295	280	812	83	58	104	4	31
1862.....	287	305	819	106	51	115	3	30
1863.....	287	267	801	80	38	101	6	42
1864.....	319	289	853	109	44	84	4	48
1865.....	356	305	920	113	35	91	9	57
1866.....	388	362	1,003	164	39	106	9	44
1867.....	401	439	1,042	159	58	164	7	51
1868.....	382	415	985	157	85	105	10	58
1869.....	463	430	1,033	156	85	117	8	64
1870.....	481	441	1,084	153	72	134	7	75
1871.....	516	576	1,159	168	85	235	17	61
1872.....	399	447	982	142	73	156	14	62
1873.....	410	365	945	122	42	141	11	49
1874.....	368	376	948	123	53	138	14	48
1875.....	432	369	1,004	132	37	134	5	61
1876.....	436	505	1,071	142	53	237	13	60
1877.....	460	444	1,026	148	61	160	15	60
1878.....	427	402	1,009	144	37	145	7	69
1879.....	418	405	1,025	141	56	154	8	48
1880.....	468	474	1,088	155	66	197	14	42
1881.....	411	399	1,025	128	54	158	8	51
1882.....	412	460	1,038	109	46	235	13	57

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 24—(Concluded)

YEAR	Number admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
3.....	404	378	982	120	51	114	17	57
4.....	387	384	991	80	51	177	11	56
5.....	392	430	999	122	59	199	10	40
6.....	430	425	999	79	61	227	11	52
7.....	374	370	948	97	53	145	14	61
8.....	444	411	1,022	99	53	176	13	60
9.....	466	424	1,077	125	78	135	17	93
0.....	507	410	1,160	135	90	78	14	67
1.....	421	393	1,171	108	83	103	2	90
2.....	345	286	1,123	87	43	68	8	94
3.....	379	245	1,216	85	36	23	7	81
4.....	355	327	1,326	69	22	142	3	98
5.....	394	401	1,393	94	43	161	5	95
6.....	319	295	1,311	78	88	37	7	90
7.....	225	172	1,241	100	50	10	13	82
8.....	268	149	1,267	79	40	12	18	71
9.....	305	141	1,361	70	50	20	11	69
0.....	271	193	1,390	65	52	72	4	90
1.....	301	260	1,408	72	47	43	3	95
2.....	271	294	1,419	66	75	58	2	93
3.....	260	319	1,385	53	44	125	5	92
4.....	313	245	1,379	67	45	23	5	105
5.....	321	297	1,455	76	61	45	4	111

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 25—(Concluded)

YEAR	ON AVERAGE POPULATION			ON ADMISSION		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1886	613	89	14.52	387	89	23.92
1887	584	122	20.89	302	122	31.93
1888	577	79	13.69	430	79	18.72
1889	595	97	16.30	374	97	26.87
1890	602	99	16.45	444	99	22.92
1891	645	126	20.06	400	126	28.06
1892	691	135	19.53	507	135	27.38
1893	786	108	13.74	410	108	26.83
1894	811	87	10.72	339	87	25.66
1895	923	85	9.20	375	85	22.66
1896	978	69	7.06	352	69	19.60
1897	1,004	94	9.36	394	94	23.85
1898	1,004	78	7.76	319	78	24.45
1899	1,014	100	9.86	225	100	44.44
1900	1,014	79	7.79	208	79	29.48
1901	1,099	70	6.37	305	70	22.98
1902	1,112	65	5.85	271	65	24.00
1903	1,128	72	6.38	301	72	23.92
1904	1,124	66	5.88	271	66	24.35
1905	1,115	53	4.75	260	53	20.38
1906	1,102	67	6.08	313	67	21.41
1907	1,152	76	6.51	321	76	23.67

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 26—(Concluded)

YEAR	Deaths	Whole number treated	Percentage	Average pop- ulation	Percentage
1885.....	40	999	4.00	584	6.84
1886.....	52	999	5.20	577	9.01
1887.....	61	948	6.43	595	10.25
1888.....	60	1,022	5.87	601	9.99
1889.....	69	1,077	6.41	645	10.68
1890.....	93	1,160	8.01	691	13.46
1891.....	97	1,171	8.28	786	12.34
1892.....	80	1,123	7.12	811	9.86
1893.....	94	1,216	7.73	923	10.18
1894.....	91	1,326	6.86	978	9.30
1895.....	98	1,393	7.03	1,004	9.76
1896.....	85	1,311	6.48	1,004	8.46
1897.....	70	1,241	5.64	1,014	6.90
1898.....	62	1,267	4.10	1,014	6.11
1899.....	91	1,361	6.68	1,099	8.28
1900.....	90	1,390	6.47	1,112	8.09
1901.....	95	1,408	6.74	1,128	8.42
1902.....	93	1,419	6.55	1,124	8.27
1903.....	92	1,385	6.64	1,115	8.25
1904.....	105	1,379	7.61	1,102	9.52
1905.....	111	1,455	7.62	1,152	9.63

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 27

Showing number of cases of general paresis admitted and died since 1849

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1849.....				4		4
1850.....	1		1	2		2
1851.....	1		1	2		2
1852.....	1	1	2		1	1
1853.....	6	1	7	4	1	5
1854.....	4	1	5	4		4
1855.....	7		7	4		4
1856.....	2		2	3		3
1857.....	9		9	3		3
1858.....	4	1	5	4		4
1859.....	5	1	6	3	2	5
1860.....	9		9	9		9
1861.....	8	1	9	10		10
1862.....	7		7	4		4
1863.....	11		11	9	1	10
1864.....	15	2	17	12		12
1865.....	22		22	12	2	14
1866.....	10	3	13	9		9
1867.....	13		13	8		8
1868.....	22		22	9	1	10
1869.....	29		29	15		15
1870.....	17	2	19	18	1	19
1871.....	27	4	31	17	1	18
1872.....	17	2	19	17	2	19
1873.....	21	2	23	15	2	17
1874.....	17		17	15	1	16
1875.....	15	2	17	15		15
1876.....	16	1	17	13	1	14
1877.....	24	5	29	10	1	11
1878.....	17	2	19	12	4	16
1879.....	18	3	21	8	1	9
1880.....	26	4	30	14		14
1881.....	27	3	30	12	2	14
1882.....	27	4	31	15	3	18
1883.....	30	4	34	16	5	21
1884.....	27	5	32	14	1	15
1885.....	20	5	25	6	2	8
1886.....	18	3	21	6	4	10
1887.....	20	7	27	15		15
1888.....	23	4	27	8	2	10
1889.....	30	1	31	15	4	19
1890.....	19	4	23	24	1	25

UTICA STATE HOSPITAL -ANNUAL REPORT

TABLE No. 27--(Concluded)

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
.....	12	4	16	19	7	26
.....	19	3	22	14	3	17
.....	15	5	20	11	4	15
.....	7	4	11	12	4	16
.....	15	5	20	20	2	22
.....	14	.....	14	14	.....	14
.....	6	.....	6	8	2	10
.....	6	1	7	9	4	13
.....	11	1	12	14	6	20
.....	13	4	17	4	2	6
.....	9	.....	9	13	3	16
.....	16	.....	16	7	1	8
.....	21	4	25	14	3	17
.....	23	6	29	14	6	20
.....	18	7	25	17	7	24
Total.....	847	122	969	606	100	706

THIRTY-SEVENTH ANNUAL REPORT
OF THE
MILLARD STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905
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THIRTY-SEVENTH ANNUAL REPORT
OF THE
VILLARD STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905
453

OFFICERS OF THE HOSPITAL

BOARD OF MANAGERS

NIE LAURIE STEWART.....	Ithaca
C. DWELLE.....	Penn Yan
RY C. ACKER.....	Hornellsville
EPH CAMERON.....	Hornellsville
S. STOTHOFF.....	Watkins
J. MANRO.....	Auburn
S. MACDONALD.....	Seneca Falls

President

S. STOTHOFF.....	Watkins
------------------	---------

Secretary

J. MANRO.....	Auburn
---------------	--------

Treasurer

ROBERT M. ELLIOTT

Attorney

N. H. B. PARTRIDGE.....	Phelps
-------------------------	--------

RESIDENT OFFICERS

Medical Superintendent

ROBERT M. ELLIOTT, M. D.

First Assistant Physician

ROBERT E. DORAN, M. D.

Second Assistant Physician

THOMAS J. CURRIE, M. D.

Assistant Physicians

IN W. RUSSELL, M. D.	LOUIS T. WALDO, M. D.
VING HOLLEY, M. D.	WILLIAM H. MONTGOMERY, M. D.
CHESTER L. CARLISLE, M. D.	

Junior Physicians

J. ALBERT PRITCHARD, M. D.
(Vacancy)

Woman Physician

CHARLOTTE B. MACARTHUR, M. D.

Medical Interns

WILLIAM B. BURLINGHAM, M. D.

Steward

FRANK L. WARNE

Matron

MARY E. MAY

Consulting Surgeons

WILLIAM B. JONES, M. D.....

WILLIAM W. SKINNER, M. D.....

Attending Ophthalmologist

JOHN S. KIRKENDALL, M. D.....

REPORT OF THE BOARD OF MANAGERS

OF THE

WILLARD STATE HOSPITAL

TO

THE STATE COMMISSION IN LUNACY

Gentlemen—In accordance with a provision of paragraph 33, Article II, of the Insanity Law, the board of managers of the Willard State Hospital presents this report of its proceedings during four months of its official existence prior to September 30, 1905.

The first meeting was held at the hospital on June 29th, and the board was organized by the election of Abram S. Stothoff, of Watkins, as president, and Fred J. Manro, of Auburn, as secretary,

At this meeting, the four members who had never before served on a similar board and who were therefore unfamiliar with hospital conditions, instituted a systematic inspection of buildings, service, and the welfare of the patients, under the guidance of the three members of former boards, and with much courteous assistance from the superintendent and other officers. This inspection has been continued at each monthly visit, and several members have made individual visits at other times. In this way the managers believe that they are gaining that comprehension of material conditions at Willard, and that sympathetic relation with its officers and inmates, both those who serve and those who are served, which with time, transmute their real interest into effective help in the conduct of the institution to whose best interests they are already pledged.

In hospital oversight, as in all useful efforts, education must precede accomplishment, and this board can more satisfactorily determine what it is learning, and what it wishes and hopes to do, than it can by what it has already done. Thanks to Dr. Elliott's clear and comprehensive monthly statements of the movements of population, health conditions, and occurrences of importance and interest, as well as to the satisfactory explanations of all points on which the board has persistently asked to be informed, the managers have come to understand many of the duties laid upon them; duties to the hospital and to the hospital district which they represent.

In the matter of buildings, the managers note several evident needs, which will be spoken of elsewhere, but they wish to report just here the satisfactory condition of most of those now in use, and the

NTH ANNUAL REPORT OF THE

STATE HOSPITAL--ANNUAL REPORT

one to put others in good repair as the Lunacy Commission permit. Then gives just cause for pride to all the board, and the managers recognize the need in the control of these important interests of all employees in securing attention also, with pleasure, the splendid attractive dietary made possible by the storage of meats and fruits, for the cold storage plant is to provide.

The board have given especial attention to its service. They have visited the kitchen and the preparation; have visited the dining hall and found that the food was satisfactory in quantity and quality for all workers and invalids requiring special food suited to their needs.

Provision for the varied seasons and largely for the winter months, furnishing pleasant occupation and amusement, less content if unemployed, has been secured. The managers adequate in every way; and the careful attention paid to outdoor recreation, and the genuine pleasure taken out. Religious privileges are provided for entertainment—in fact every device for the amusement of the insane is amply provided and the managers now judge; and in this connection the attitude toward the patients of all officers and managers is on the wards or off them. Neither the managers nor yet come to the managers' knowledge exists. Restraint is rarely used and the managers secure the safety of patients who need it and the managers are thus far in heart and mind in this matter. On the other hand the managers care for those whose condition warrants them. The food being made adequate, and the managers are commended. Beds and bedding are in the main, satisfactory; their care is entirely in the hands of the managers. As to health conditions, and with the managers so familiar as to speak with assurance in such a medical staff as he would inspire instinctively the fullest confidence

WILLARD STATE HOSPITAL—ANNUAL REPORT

The practical and satisfactory operation of colony life, as exemplified by Hillside and Vinelands, interests the board extremely, and they are anxious for a speedy appropriation sufficient to make the lately purchased house near Lake farm available for the 25 men who work at that place. At present the two-mile walk to and from work together with the cold lunch at noon, seems an unwise expenditure of time and force; and, fortunately, the Button house needs to be provided only with a large day room and dormitory above it.

There are other needs evident to the board of managers; most notably that of some sort of winter accommodation for tuberculous patients. Tents have been successfully used in summer, but on the shores of Seneca Lake tuberculous patients must move indoors in November, and to be forced to put them into ordinary wards in buildings partly filled with other patients seems to the board little more than a sort of archaic, and a most unwise economy. In asking for a tuberculosis pavilion, or pavilions, such as are provided at other State hospitals, the board believes the people of New York, individually and as represented in the Legislature, need only to realize conditions and be ready to supply this important equipment. The request for a poultry plant like those successfully operated at Binghamton and Central Islip is also reasonable beyond question; and the board is impressed with the importance of every other request embodied in the superintendent's report herewith submitted, and join with him in recommending that they be granted.

As was intimated at the opening of this report, there is much of interest in connection with the equipment and conduct of Willard State Hospital in the discussion of which a newly appointed board of managers feels handicapped by lack of time for study; and we therefore refer to the appended reports of the officers of the hospital for many details of value, and respectfully submit this our first official report to the Lunacy Commission.

A. S. STOTHOFF
FRED J. MANRO
ANNIE LAURIE STEWART
MARY C. ACKER
E. C. DWELLE
JOSEPH CAMERON
WM. S. MACDONALD

OF THE SUPERINTENDENT

ers of the Willard State Hospital.

en--In compliance with chapter 490, I
r to submit to you the following report
is of the Willard State Hospital for the
1905.

ospital has been increased from 1,935 to
addition of any new buildings or the
n use, but simply represents the actual
patients, the original capacity of the
ed so low as to provide more space than

For several years past the increase in
to require from time to time additional
reached what is now given as the actual
was made by the Lunacy Commission after
l consideration. It represents the most
consistently with good hygiene and the
. The rated capacities of institutions
ind to be lower than the actual number

pital district has been reduced by the
see counties to the district of the Ra
h institution was recently enlarged
up of buildings with accommodations for
this the Willard district comprised 11 c

Ontario, Yates, Seneca, Schuyler, To
leans and Genesee. The effect of this
course, be to produce a further disparity
ions on the one hand, and the dischar
From the time that the State was first
following the passage of the State Car
nd deaths at Willard have always exceed
n the district, while some of the oth
; at New York city and on Long Island
de for those committed from their c
ansfers of patients from these institu
de from time to time, the Lunacy Com
aw to arrange such transfers, and they

WILLARD STATE HOSPITAL—ANNUAL REPORT

ily represent the chronic class. Willard, by virtue of its large capacity and geographical position seems destined to be the receptacle to a certain extent for the overflow from some of the hospitals situated in the more populous sections of the State, and is thereby fulfilling a function for which it was originally established. The State Care Act happily did away with the distinction between hospitals for the acute and chronic insane, both classes now being received at each of the State hospitals.

During the year just closed 78 men and 104 women who belonged to the Rochester district were transferred to the Rochester State Hospital, while the following were transferred to Willard: 15 men from the Manhattan State Hospital, New York city; 5 women from the Brooklyn State Hospital, and 110 men from the Central Islip State Hospital. The following table shows the movement of population:—

	Men	Women	Total
Remaining October 1, 1904.....	1,134	1,084	2,218
Admitted during year ending September 30, 1904.....	247	321	568
On original commitments:			
From residences.....	106	106	212
By transfers from county houses....	4	3	7
By transfers from other institutions for insane..	137	212	349
Total number under treatment during year	<u>1,381</u>	<u>1,405</u>	<u>2,786</u>
Daily average population ...	1,119	1,107	2,226
Capacity of institution.....	<u>1,147</u>	<u>1,175</u>	<u>2,322</u>
Discharged during the year:			
As recovered.....	41	30	71
As improved.....	36	20	56
As unimproved.....	88	108	196
As not insane.....	0	0	0
Died.....	89	79	168
Whole number discharged during the year	<u>254</u>	<u>237</u>	<u>491</u>
Remaining October 1, 1905.....	<u>1,127</u>	<u>1,168</u>	<u>2,295</u>

WILLARD STATE HOSPITAL—ANNUAL REPORT

It will be observed that of those admitted 219 came on commitments from this district, and 349 were transferred from institutions, as previously stated. The largest number under treatment at one time was on September 7th, when the census was 2,310. The lowest number occurred August 20th, when the census was 2,075. The daily average number was 2,226.

The recovery rate based upon the number admitted on commitments is 32.4 per cent, which is considerably higher than usual, and is to be explained by the fact that the proportion of acute and recoverable cases received in the past two years has been larger. Computed on the basis of the daily average population the recovery rate is 3.18 per cent.

Of the 168 deaths, 34 were due to tuberculosis, 18 to enteritis (acute diarrhoea), and one to cerebro-spinal meningitis. Fewer than the patients who died were over 80 years of age, and 45 were between 70 and 80. The death rate based on the daily average population is 7.5 per cent.

Hereditary predisposition was ascertained to be present in 10 of the 219 received direct from their homes, or 43.3 per cent. The true cause of insanity in most instances is very difficult to determine, and although a list of assigned causes is given in the statistical report, it must be admitted that in the majority of cases the disease is constitutional one. Doubtless constitutional tendencies can be influenced more or less in some instances by environment and mode of living. We know, however, that insanity occurs in spite of the most favorable surroundings and conditions of life, and is more preventable than epilepsy or hysteria. The insanity is believed to be largely dependent upon a constitutional defect in at least some of these admissions. On the other hand, there are some cases which are the direct result of improper living, and attributable to causes which may often be prevented.

Alcohol gives rise to certain psychoses or forms of mental disease which are different from all others, and which experience has shown can only be produced by alcohol; the symptoms being specific and speak. Nineteen such cases were among those received during the year. Alcohol is given as the assigned cause in 34 instances taken together, but its real significance cannot be accurately estimated beyond the 19 cases mentioned. Paresis, known also as general paralysis of the insane, and which is uniformly fatal, is another brain disease believed to be dependent upon a physical cause which may be prevented. Medical authorities are now almost unanimous in the belief that syphilis is the chief factor in its production.

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show also that it is vastly more prevalent in the large cities than rural districts. About 12 per cent of all cases received from metropolitan districts are of this class, the proportion from provincial and rural districts being about seven per cent.

These considerations, taken into account with the small proportion of recoveries from insanity, despite the improved facilities for treatment, impress one more and more with the importance of preventive measures. This has been under discussion a great deal of late in medical and philanthropic circles. The difficulty seems to be in arousing public sentiment; the general public needs to be educated concerning these matters. It has been suggested that the family physician might do much in this direction, and that the medical profession in general should be in closer touch with the public hospitals for the insane. It may be that hospital physicians have been derelict in not making better use of their annual reports as a medium for communicating to the public information as to what is likely to lessen the production of insanity. An out-patient department has been established at the State hospitals by means of which those in urgent circumstances may come to the institution for medical advice with regard to incipient cases, without charge. This is a step in the direction of prevention, and was suggested by the President of the Lunacy Commission.

MEDICAL SERVICE

The medical work has been pursued with energy and zeal on the part of the resident physicians. Doctors Doran and Currie attended a special course of instruction in matters relating to psychiatry given by Dr. Adolph Meyer at the State Pathological Institute in New York City, which extended over a period of three months, beginning February 1st. A similar course was attended by Dr. John W. Russell the previous year. This has redounded to the benefit of the entire staff, and thereby to the patients as well. Staff meetings are held in the library two or three times a week at which medical records relating to patients are presented and discussed, the patients themselves being brought in for examination when their condition permits. In addition to this, there is one meeting a week for the review of current medical literature, each physician being assigned certain journals and periodicals for this purpose. Matters relating to administration are occasionally brought up for discussion at these meetings. Post-mortem examinations are made in co-operation with the State Pathological Institute, the consent of relatives first being obtained, during the past year 38 such examinations were made,

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Intercurrent illnesses are always present more or less in institutions for the insane, with occasional epidemics of infectious disease; and at Willard, with its 2,300 inmates (not to include those employed in the place, who are also entitled to medical treatment when they are ill) there is much to be done in the way of general medical and surgical work. In the last 12 months over 500 patients were treated for bodily ailments.

It is gratifying to be able to state that diphtheria, which broke out in 1899, and was epidemic in varying degrees for about five years, seems to have subsided. Between March 8th and May 1st there were three cases of a mild type. Two of these were men residing in Chapin house, and the other a woman at the Pines. They had not been in contact at all. Prior to March 8th, we had been entirely free from it for eight months, that is to say there were only three cases between July 1, 1904, and September 30, 1905. From October 1, 1903, to July 1, 1904, there were 17 cases, and during the year ending September 30, 1903, there were 16 cases. Former reports show that the south wing of Chapin house, occupied by women, was the starting place of most of the cases, 27 occurring in that department during the year ending September 30, 1902. This part of the hospital has now been entirely free from it for over 15 months.

There were two mild epidemics of measles, the first beginning in February, when 15 cases occurred in the space of three or four weeks, and the second in July, when there were eight cases.

Six patients were attacked with erysipelas, a much smaller number than usual. During the three previous years there were no less than 97 cases reported. The practice of at once removing patients with this disease to the isolation hospital was commenced about a year ago, and it seems probable that this has been the means of preventing its further spread. Formerly there were not sufficient facilities for isolation purposes, and this class of cases were treated in the wards of the various buildings. The isolation hospital was opened last autumn after being remodeled, enlarged, and equipped with new plumbing, steam heat, and a water supply from the main plant.

The tent treatment for those suffering from tuberculosis was commenced three years ago, one tent being erected at the Hermitage for men, and one at Grandview for women, with a capacity for about 25 patients each. These tents are put up as early in the spring as weather conditions will permit, and remain until winter sets in again. This year the patients were moved into the buildings on December 3d, and remained there until April 1st, which gave them eight months of tent life during the year. The accommodations were inadequate to

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vide this mode of treatment for all cases, and 35 of this class are cared for in the infirmary buildings, being out of doors as much as possible each day. The mortality from this disease has already been mentioned in this report, and amounts to 20 per cent of the total deaths. The tents are now about worn out, and although kept in good repair as possible, will not stand the storms and rain as they have in the past, which will make it necessary to take them down before this year. New ones will be required next season. One of the most urgent needs of the hospital at the present time is a pavilion constructed especially for the care and treatment of the tubercular patients sufficient to accommodate 50 of each sex. The nature of the disease, and the manner in which infection is brought about are so well understood that no argument is required here to show the necessity for complete isolation for the protection of those who are free from it, and in order that those who are stricken may receive the sort of treatment which it is now known affords the only chance of recovery or improvement. These patients cannot receive proper food and treatment in the present buildings, as they cannot be isolated. Moreover, many of them are so profoundly demented that they cannot conform to the rules laid down regarding their conduct, and the care of their persons to prevent the spread of contagion to the sane, as sane subjects can; hence the greater need for complete isolation.

There were only two cases of typhoid fever, one a patient in the spin house, where he had lived several years, and the other a man employee at the Pines. Both recovered. The ice was suspected as the source of contagion, inasmuch as a bacteriological examination showed the presence of typhoid bacilli. The ice is taken from ponds situated at the eastern point of the hospital premises, which are fed by springs in the vicinity of the village of Ovid. Following heavy rains just before freezing weather set in there was much surface water in the ponds, and much of the ice contained vegetable and other matter. Its use for drinking purposes was discontinued after the appearance of typhoid cases, although it is not certain that the infection came from that source. The records show that for several years this hospital has been singularly free from this disease, and in my opinion nothing can be imputed to the water supply in this respect.

During August and September an unusually large number of patients, mostly of the aged and feeble class, became ill with acute dysentery, which was the immediate cause of death in 18 instances.

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were found necessary in 31 cases. Two of these were of a serious character, and were performed by Dr. J. S. F. and the consulting surgeons. Dr. John S. F. F., ophthalmologist, performed seven operations. Dr. J. S. F. F. has visited the institution twice each month, and is active in the examination of all patients. He is also in attendance on all patients coming within his specialty. Dr. J. S. F. F. is provided with glasses wherever possible.

TRAINING SCHOOL FOR NURSES

During the first of the hospitals for the insane, the purpose was to organize a training school for nurses. The development of this school, like many other things connected with the care of the insane, has been gradual. It is now a standard that a nurse of sufficient intelligence and the requisite mental capacity to grasp the principles of nursing, and the experience afforded in general nursing, may fit herself to rank with the average nurse in a hospital. The course of instruction is complete, covering all that pertains to nursing in general, and to the various services, extending over a period of six months. An idea of the scope of this work may be obtained by a glance at the list of graduates. The members of the school the benefit of the instruction is a medical and surgical. The hospital also has a large number of those undergoing this special training, and a large number of text books on the subject of nursing. The names of those who graduated this year are as follows:

	Susie A. Howland,
	Fred G. Kennedy,
Mr.	Katherine E. Brennan.
	Mary Bordwell,
	E. Leon Allen,
Mr.	Mary O. Harrington,
Mr.	Edith M. Tharp,
Mr.	Laura M. Myers,
	Charles B. McGough.

The first class contains 17 members and the

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OCCUPATION AND AMUSEMENTS

About 50 per cent of the patients have been employed on the farm grounds, and in the various industrial departments, which include the wards, kitchens, bakery, laundry, the sewing rooms and shops where mattresses, shoes, mats, rugs, baskets and clothing are made, and the engineering and heating departments.

The amusements have been of much the same character as in former years. Thirteen entertainments, mostly musical, were given in Hadley hall. The usual weekly dances were also held during the winter months. In the summer the chief attraction in the way of outdoor games was base ball. Eleven games were played on Saturday afternoons. Field day was held September 27th, when there were over 600 patients present. The "Nautilus" made a number of pleasure trips on the lake for the benefit of the patients.

Nearly 150 books have been added to the library during the past year, which, together with the leading weekly and monthly magazines that are subscribed for the patients' library, made a material addition to the collection of literature available for the patients. Many of the patients come to the library on certain days each week to make personal selection of books or other reading matter, not only for themselves, but often for some friend or friends on their respective wards. The traveling library system is still carried on, providing for sending to the outside buildings, books and magazines for the benefit of patients who are not able to come to the library to make personal selections. These traveling collections are re-arranged every few weeks and new books added.

AGRICULTURAL DEPARTMENT

Under this general heading the three important divisions are the farm crops, the fruit culture and the garden produce, embracing in all the cultivation of 800 to 850 acres of land.

During the last year the acreage for each division has been approximately as follows:—

	Acre
Garden produce, planted and cultivated.....	50
Vineyards, cultivated and sprayed.....	30
Strawberries, raspberries and other small fruits.....	30
Corn for silage.....	90
Spring grains, oats and barley.....	85
Potatoes.....	40
Peas, sweet corn, etc.....	10

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	Acres
Mangel wurzels.....	10
Rye.....	20
Alfalfa.....	15
Hay.....	155
Wheat.....	40
Summer fallow and fall plowing.....	110
Wheat, fall sowing (1905).....	60
Orchards, cultivated and sprayed.....	64

Under the heading of orchards (64 acres as above) is included several acres of young fruit, cherries, plums, etc., set out during the past four and five years, and which is now just coming into bearing.

The season has been reasonably favorable for farming operations in general, and the crops have averaged well, with the exception of potatoes, which crop was badly damaged by a cloudburst in June, whereby the fields were flooded for several hours, the roads badly washed out, and much damage done to small fruits and to the vineyards necessitating a considerable amount of extra labor during the busy season of planting and cultivating. The hay and corn (silage) crops are fully up to the average, and the wheat yield is the highest in several years, averaging about 35 bushels to the acre of strictly high grade wheat. The experiment of a year ago with reference to sorghum as a fodder crop was so satisfactory that a field was sown again this year with equally profitable results. The yield per acre is very much above the average of fodder corn. An experiment was also made in the use of inoculating bacteria in the culture of alfalfa. The inoculating material was furnished the hospital free of expense, by the laboratory of plant physiology of the United States Department of Agriculture, Washington, D. C., and the results were so apparent as to eliminate any doubt whatever as to the benefits resulting from the inoculation of the seed. A piece of land comprising about eight acres was sown with seed that had been treated under instructions received from the Department of Agriculture, and although conditions were extremely unfavorable because of drought at the time, the seed apparently all germinated, and the growth was particularly rapid and thrifty. During the summer four growths of alfalfa have been cut from this field, the first cutting having been cured for hay early in July, and the three following successive crops were used for green feed in the late summer and early fall. An experiment has also been made with leaming

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ge corn, whereby it is proven that this particular variety of corn, under favorable conditions, will ripen in this section. A portion of the corn on one of the fields not needed to fill the silos, was allowed to stand until the first frost appeared, when it was cut and has since been husked. The ears appear to be fully matured and sufficiently ripe for seed. Later a test will be made as to the germinating ability of this seed, and the corn will be used for the next season's planting, if it proves to be suitable.

The hospital farm now produces all the milk required to meet the dietary requirements every day in the year, as well as all fresh vegetables and garden truck of every kind consumed, with the single exception of potatoes, of which about one-half of the required quantity is grown. Experience has proven that the soil here is better adapted to grains and hay, and that such crops give more liberal returns than potatoes, the land being too heavy for the latter to be raised with as much profit to the hospital as grains. No hay has been purchased in over two years, and a good proportion of the oats, barley and rye needed for seed and for stock has been grown. A very large proportion of the farm, garden and orchard work is accomplished by the aid of patients, many of whom are adapted to former experience for such work, and others are carefully trained in the various lines of fruit culture, vineyard work, gardening and the diversified kinds of work incidental to the cultivation of a large farm. Aside from the heads of departments and attendants in charge of patients, the farm employs no paid help other than farmsters, and in some instances, patients are assigned to the work of driving teams for ordinary purposes.

IMPROVEMENTS

Through the good offices of the Lunacy Commission and the Legislature we have been enabled to complete a number of important improvements, and others are still under way. The contract for new plumbing at the Pines let last November to R. T. Ford, of Rochester, N. Y., but owing to exception taken on the part of the State Architect the matter had to be referred to the Governor and was not finally settled until February. There was a further delay in commencing the work owing to the inability of the contractor to obtain necessary material, and it was not until September that this work was actually begun. A contract was let early in the year to equip the basements of Chapin house with cold air ducts made of galvanized iron, providing also for regrading the return steam lines. This

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npleted, and the atmosphere and vent
is better.

ospital has been enlarged and provided
n heat. The building now known as L
as a hotel for the accommodation of vi
fitted up for a nurses' home. The b
h a new dough mixer, operated by an
gs have been placed in several wards at
rridor of Chapin house. A number of
with additional new furniture, consisti
d mattress material. A new propagat
arden. An electric elevator has been p
nd elevators in connection with the dini
The cow barns have been fitted up with
on stanchions. A good deal of outside
ding the lodge, carpenter shop, superin
and two cottages. The new macadam
completed. The porches and verand
been thoroughly repaired and painted.
gine was installed in the laundry. T
ortant structural improvements.

ER NEEDS OF THE HOSPITAL

ere made by the Legislature at its las
ge building and new plumbing to Grand
ions for these are now being prepared
ere was also an appropriation for the
adjoining the Lake farm, known as the
expect to acquire very soon. This is
en patients who will be employed on t
piation will be required for the addi
g room and to install plumbing, etc.
ommend for your consideration the f
ments, which I believe to be necessar

.....	\$40
nlarging Button house for the	
25 patients and necessary em-	
.....	4
e Grange to provide hot water for	
washing pails, cans, etc., and pro-	
larifier can be operated in winter.	

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try plant.....	\$1,000 00
at farm barns for better storage of tools, farming plements, wagons, etc., also to provide a covering nder which loaded wagons of straw, hay or grain n be placed in case of sudden showers. Also to rovide a covering for the farm scales.....	800 00
iron with electric attachment for heat- g No. 9 combined shirt ironer with elec- icity, 1.....	\$75 00
iron for 18 in. body ironer, electrically eated, 1.....	80 00
12 collar and cuff ironer, electrically eated, 1.....	215 00
	<hr/> 370 00

The above is quotation of the Troy Laundry Machinery Co., for transforming the No. 9 shirt ironer into an electric heating machine instead of gasoline, and also transforming the body ironer for electricity instead of gasoline, and renewing the iron of same. The collar and cuff ironer now heated by gasoline is of a very old type, and not worth equipping with electricity, therefore the above figure, \$215, is for a new collar and cuff ironer, electrically heated. The total expense, as above, for these three machines would be \$370, and as the hospital uses about \$80 worth of gasoline a year, the cost of transforming machines and of the new collar and cuff machine, electrically heated, would be offset in about four and one-half years by the saving in gasoline. Also the odor and danger in the use of gasoline would be avoided.

enlarging two boot rooms (1 Sunnycroft), (1 Maples), \$305.33 each.....	\$610 66
new cement walks and gutters.....	225 00
new rendering tank at the slaughter-house, and new tank for cooking the garbage for the piggeries, both to be operated from one boiler.....	350 00

The present boiler and tank at the slaughter-house is constantly in need of repair, delaying the work and causing waste, and involving expense for repairs, and the tank in the piggeries is insufficient.

new settee castings, complete and drilled, weight about 40 pounds per pair, 100 pair. \$1.32, (N. Y. Central Iron Works, Geneva. N. Y.. f. o. b.. Geneva).....	\$132 00
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, ½ in. 200 lbs., .05....	\$10 00
lbs., .06.....	6 00

slats, and do the work here with regu-

lying the locomotive	
.....	\$88 00
ntal arm, 7 to 8 ft.,	
tings.....	15 00

it requires sometimes half or three-quar-
 t through the 2-inch pipe that was carri-
 when the old engine was in use. The
 deal more water, and during the winter
 tions at Hayts Corners are often late, t-
 usly interfered with by the length of tin-
 er. It is possible that a second-hand
 e Lehigh Valley or from some other sou-

conductors and elbows for the	
.....	
a kitchen.....	

his oven is very apparent when the
 the main kitchen for baking purposes
 in the main kitchen are not and neve-
 or baking, and require a great deal mo-
 d to obtain much better results from
 well baked in present range ovens.

re of small fruits, apples, etc.....	\$
ld be dried and stored in sacks, costing	

ST OF MAINTENANCE

ent appended to this report shows th-
 r maintenance amount to \$405,576.26.
 cost \$182.19 as compared with' \$169.
 due mainly to the new wage schedule
 beginning of the year, and was the re-
 The per capita cost for wages in 19

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192, while this year it is \$76.22. The expenditures for furniture and bedding exceed those of last year by \$3,688.85. Attention was called in my report last year to the need of more furniture, and considering the condition of many of the day rooms and dormitories the increase is by no means excessive. Extensive repairs were necessary to some of the boilers which have been in use for a long time. A considerable amount of coal for the coming season was purchased and paid for before the close of the year.

CHANGES IN THE RESIDENT OFFICERS

The only changes in the resident staff to be noted are as follows. Herbert C. Woolley was appointed medical interne October 26th and resigned September 30th, to accept a similar position at the Manhattan State Hospital, New York, where he had formerly filled the position as clinical assistant. Dr. J. Albert Pritchard, who has been medical interne at the Long Island State Hospital, Brooklyn, was appointed junior assistant physician December 1st. Dr. Chestnut Carlisle was promoted from junior assistant to assistant physician September 15th. Miss Mary E. May was transferred from the Long Island State Hospital, Brooklyn, to the position of matron, October 1st.

ACKNOWLEDGMENTS

The usual religious services were conducted in Hadley hall by the Rev. C. W. MacNish, Monsignor Hendrick, Rev. Thos. J. Harrington, Rev. H. A. Porter and the Rev. Wesley Mason. Each of these gentlemen made frequent visits to the sick wards on week days.

The following contributions of magazines and other reading material were received:—

Large box of magazines and pamphlets, Union Springs Advertiser.
D. C. Ayres, editor Yates County Chronicle, Penn Yan, box magazines and pictorial papers.

Mrs. Clara E. Field, Hector, N. Y., magazines.

O. C. Cooper, Ovid, N. Y., magazines.

Russell Buckley, Dresden, N. Y., magazines.

Era Magazine, 250 copies and 2 subscriptions.

G. O. Shields, editor "Recreation," 15 copies.

Cosmopolitan Magazine, 6 copies.

Field and Stream, 12 copies.

Forum Publishing Co., New York City, 3 books.

Arena, 3 books.

Mrs. Kate Douglas Wiggin, 4 books.

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her, New York, 4 magazines.

, N. Y., large box magazines.

N. Y., 1 copy.

nocrat, Wellsville, N. Y., 1 copy.

ertiser, Auburn, N. Y., 1 copy.

etin, Auburn, N. Y., 1 copy.

id Argus, Auburn, N. Y., 1 copy.

ag, St. Louis, Mo., 1 copy.

lbion, N. Y., 1 copy.

Addison, N. Y., 2 copies.

lison, N. Y., 1 copy.

J. Y., 1 copy.

Batavia, N. Y., 1 copy.

, 2 copies.

iocton, N. Y., 1 copy.

sport, N. Y., 1 copy.

Y., 1 copy.

iffalo, N. Y., 1 copy.

, Caledonia, N. Y., 1 copy.

chester, N. Y., 1 copy.

pendent, Auburn, N. Y., 1 copy.

N. Y., 1 copy,

N. Y., 1 copy.

New York City, 1 copy.

Dansville, N. Y., 1 copy.

Clyde, N. Y., 1 copy.

den, N. Y., 1 copy.

, 1 copy.

nterlaken, N. Y., 1 copy.

eneva, N. Y., 1 copy.

eva, N. Y., 1 copy.

eva, N. Y., 1 copy.

Journal, Groton, N. Y., 1 copy.

lley, N. Y., 1 copy.

ld, Hammondsport, N. Y., 1 copy.

Hornellsville, N. Y., 1 copy.

Tribune, Hornellsville, N. Y., 1 copy

lthaca, N. Y., 1 copy.

aca, N. Y., 1 copy.

in, Geneseo, N. Y., 1 copy.

olcott, N. Y., 1 copy.

oy, N. Y.

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Livonia Gazette, Livonia, N. Y., 2 copies.
 Montour Falls Free Press, Montour Falls, N. Y., 1 copy.
 Mt. Morris Enterprise, Mt. Morris, N. Y., 1 copy.
 Naples Record, Naples, N. Y., 1 copy.
 Orleans American, Albion, N. Y., 1 copy.
 Oakfield Reporter, Oakfield, N. Y., 1 copy.
 Ovid Gazette and Independent, Ovid, N. Y., 2 copies.
 Ontario County Times, Canandaigua, N. Y., 1 copy.
 Ontario County Journal, Canandaigua, N. Y., 4 copies.
 Prattsburg News, Prattsburg, N. Y., 1 copy.
 Perry Herald and News, Perry, N. Y., 2 copies.
 Penn Yan Express, Penn Yan, N. Y., 1 copy.
 Penn Yan Democrat, Penn Yan, N. Y., 1 copy.
 Seneca County Courier, Seneca Falls, N. Y., 1 copy.
 Seneca County Journal, Seneca Falls, N. Y., 1 copy.
 Seneca County News, Waterloo, N. Y., 1 copy.
 Seneca Falls Reveille, Seneca Falls, N. Y., 3 copies.
 Southern Steuben Republican, Woodhull, N. Y., 1 copy.
 Spirit of the Times, Batavia, N. Y., 1 copy.
 Steuben Courier, Bath, N. Y., 1 copy.
 Steuben Farmer's Advocate, Bath, N. Y., 1 copy.
 Truth, Catholic Magazine, Raleigh, North Carolina, 1 copy.
 Union Springs Advertiser, Union Springs, N. Y., 1 copy.
 Victor Herald, Victor, N. Y., 1 copy.
 Waterloo Observer, Waterloo, N. Y., 1 copy.
 Watkins Democrat, Watkins, N. Y., 1 copy.
 Watkins Express, Watkins, N. Y., 1 copy.
 Watkins Review, Watkins, N. Y., 1 copy.
 Union and Advertiser, Wayland, N. Y., 1 copy.
 Yates County Chronicle, Penn Yan, N. Y., 2 copies.
 New York Herald, New York City, 24 copies.

In conclusion, I desire to take this opportunity of thanking the resident officers and employees of the hospital for the assistance they have rendered me in the performance of my duties. I also beg to express my appreciation of the cordial support I have received from the members of your board and the State Commission in Lunacy.

Respectfully

ROBERT M. ELLIOTT

Superintendent

November 2, 1905

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 L STATEMENT, SEPTEMBER 30, 1905
Receipts

ober 1, 1904:	
.....	\$184 02
.....	30 82
.....	6,765 90
<hr/>	
ce on hand, October 1, 1904....	\$6
comptroller for salaries.....	19
comptroller for wages.....	169
ccount, checks covering amount	
t L. Hardenbrook, deceased,...	
comptroller for supplies.....	215
y C. Partridge banking house,	
d on amount involved in failure	
ursing patients.....	19
e patients.....	
rd's sales.....	2
comptroller, for special fund,	
of 1904.....	19
comptroller for special fund,	
1905.....	7
comptroller for special fund,	
of 1905.....	2
<hr/>	
.....	\$464
<hr/>	

Disbursements

fficers' salaries.....	\$20
mployees' wages.....	169
rovisions and stores.....	114
rdinary repairs.....	8
arm and grounds.....	10
othing.....	14
urniture and bedding.....	14
ooks and stationery.....	2
uel and light.....	37
edical supplies.....	1

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estimate No. 11. Miscellaneous expenses.....	\$8,957 46
estimate No. 12. Transportation of patients.....	2,727 49
<hr/>	
Total disbursements, estimates 1 to 12.....	\$405,576 26
estimate No. 6, materials for uniforms and other items for which the hospital will be reimbursed.....	1,055 32
<hr/>	
	\$406,631 58
to pay State treasurer, sundry receipts, under chapter 580, Laws 1899 as amended by chapter 326, Laws 1900.....	20,755 52
to pay special fund, chapter 635, Laws 1904.....	19,078 74
to pay special fund, chapter 700, Laws 1905.....	7,078 92
to pay special fund, chapter 702, Laws 1905.....	2,606 94
balance on hand, including cash on hand advanced to pay transportation of patients, and with the First National Bank of Waterloo, the hospital depository.....	8,209 96
<hr/>	
Total disbursements.	\$464,361 66
<hr/>	

Classification of Balances, October 1, 1905

balance on hand to salaries.....	\$36 66
balance on hand to wages.....	163 67
balance on hand to supplies.....	8,009 63
<hr/>	
Total balance.....	\$8,209 96
<hr/>	

The following statement shows the amounts expended for extraordinary improvements, as distinguished from those met from the maintenance fund:

old air inlets and heater casings, north and south wings, main building.....	\$5,656 76
expenses of heating inspectors.....	13 55
steel ceiling for corridor connecting north and south wings Chapin house.....	270 38
new shower baths, Chapin house, north.....	114 48
elevators, north and south wing, Chapin House....	384 00
painting at the Pines	149 04
plumbing at the Pines	42 10

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New dough mixer.....	\$575 00
Steel dough mixing troughs.....	40 00
New windows for warehouse.....	13 75
Coffin box for mortuary.....	77 52
	<hr/>
	\$19,078 74
	<hr/>

Chapter 702, Laws 1905

Painting metal ceiling, the Pines.....	\$509 55
Repainting green doors for the Hermitage.....	19 00
Putting up attic, Grandview.....	157 91
Repairs to barn at Vinelands.....	100 00
Refrigeration wheels, complete.....	100 00
Second-hand upright boiler.....	25 00
Cement walks and gutters.....	138 00
Water sterilizer.....	200 00
Enlarging four dining-rooms.....	552 55
Painting ceiling overhead, tailor shop and sewing-room.....	54 93
Covered railway platform at the Grange.....	118 55
Pipes to carry steam to new tinshop, etc.....	95 26
Painting Lake View, etc.....	294 28
Services of draughtsman.....	22 83
Painting steel ceiling, the Lodge.....	219 08
	<hr/>
	\$2,606 94
	<hr/>

There has also been expended under chapter 700, Laws of 1905

Wages due employees from May 11, 1904, to October	
1, 1904, as provided by chapter 714, Laws of 1904.	\$7,003 92
Compensation as assistant to treasurer.....	75 00
	<hr/>
	\$7,078 92
	<hr/>

R. ROBERT M. ELLIOTT, *Superintendent Willard State Hospital:*

Dear Sir—Herewith I respectfully submit statement concerning farm and garden products, also steward's sales for the year ending September 30, 1905, together with an inventory of stock on hand.

Very respectfully yours,

FRANK L. WARNE

Steward

TEENTH ANNUAL REPORT OF THE
RD STATE HOSPITAL—ANNUAL REPORT
FARM PRODUCTS

90 bushels at 40 cents.....
bushels at 25 cents.....
1½ bushels at 50 cents.....
at 45 cents.....
, at .065 cents.
945 tons at \$3.50.....
at \$3.00.....
ears at .75 per hundred... ..
s, at 15 cents.....
.....
.....
s at \$1 00
.....
at 15 cents
20 cents.....
.....
15 cents.....
tons at \$12.00.....
5 tons at \$9.00.....
, at \$5.00.....
ls.....
.....
cents.....
.....
.....
8 cents.....
at 7 cents.....
pounds at 10 cents.....
.....
at 7 cents.....
15 pounds at 20 cents.... ..
s at 3½ cents.....
at 36 cents.....
ushels at 50 cents.....
shels at \$1.00.....
235 bushels at 30 cents.... ..
hels at 50 cents.....
ls at \$1.50.....
.....
5 tons at \$2.00.....

WILLARD STATE HOSPITAL—ANNUAL REPORT

Pumpkins, 6½ tons at \$5.00.....	\$32 50
Pork, 35,766 pounds at .075 cents.....	2,682 46
Rent (keep of two cows).....	36 00
Straw (bedding), 26 tons at \$6.00.....	156 00
Turkeys, 40½ pounds at 15 cents.....	6 09
Tallow (sold) 120 pounds at .035 cents.....	4 20
Teaming, 297 days at \$2.25.....	668 25
Veal, 108 pounds at 8 cents.....	8 64
Wheat, 793.3 bushels at 80 cents.....	634 64
Wool, 252 pounds at 25½ cents.....	63 32
Wood, cord, 100 cords at \$3.00.....	300 00
Wood, sold, 33 loads.....	32 00

GARDEN PRODUCTS

Asparagus, 8,220 bunches at 7 cents.....	\$575 40
Beans, lima, 270 bushels at 75 cents.....	202 50
Beans, string, 65 bushels at 50 cents.....	32 50
Beets, table, 1,206 bushels at 30 cents.....	361 80
Blackberries, 3,196 quarts at 7 cents.....	223 72
Carrots, table, 57 bushels at 30 cents.....	17 10
Cucumbers, 547 bushels at 50 cents.....	273 50
Cauliflower, 1,305 heads at 6 cents.....	78 30
Cabbage, 167,276 pounds at 50 cents per cwt.....	836 39
Celery, 10,845 heads at 3 cents.....	325 35
Cherries, 195 quarts at 6 cents.....	11 70
Currants, 2,063 quarts at 6 cents.....	123 78
Egg plant, 465 pounds at 3 cents.....	13 95
Grapes, 57,261 pounds at .025 cents.....	1,431 53
Horse radish, 35 bushels at 50 cents.....	17 50
Kohl rabi, 116 bushels at 35 cents.....	40 60
Lettuce, 506 bushels at 40 cents.....	202 40
Melons, musk, 200 bushels at 5 cents.....	10 00
Melons, water, 50 at 10 cents.....	5 00
Onions, 461 bushels at 60 cents.....	276 60
Onions, green, 11,641 bunches at 2 cents.....	232 82
Peppers, 33 bushels at 75 cents.....	24 75
Plums, 24½ bushels at 75 cents.....	18 19
Peas, 660 bushels at 75 cents.....	495 00
Parsley, 35 bunches at 3 cents.....	1 05
Pickles, 20,000 at 75 per hundred.....	150 00
Rhubarb, 7,630 bunches at 5 cents.....	381 50
Radishes, 154 bushels at 75 cents.....	115 50

EVENTEENTH ANNUAL REPORT OF THE

WILLARD STATE HOSPITAL—ANNUAL REPORT

1, 1,343 quarts at 8 cents.....
 ck, 1,499 quarts at 6 cents.....
 5 bushels at 20 cents.....
 shels at 25 cents.....
 566 quarts at 8 cents.....
 els at 50 cents.....
 r, 3,000 pounds at 1 cent.....
 25,650 pounds at 1 cent.....
 200 pounds at 5 cents.....
 bushels at 25 cents.....
 2,087 bushels at 40 cents.....
 n, 375 bushels at 25 cents.....
 quarts at 2 cents.....

PURCHASED FOR FARM

Used in Main Stables

unds.....
 shels at 36 cents.....

Debits

able to farm..... \$11,329 00
 decrease under last year 3,249 95

d board.....
 used on farm as feed, etc.....
 alance.....

alance is as accurate as can be ascertained
 ts being based upon the price furnished b

FARM STOCK ON HAND

.....

WILLARD STATE HOSPITAL—ANNUAL REPORT

ers, 2-year-old.....	29
ers, 1-year-old.....	18
.....	6
.....	3
ding sows.....	49
ts.....	151
.....	162
p.....	24
bs.....	22
keys.....	46
e.....	20
ks.....	228
s and chickens.....	340

Statement showing average purchase price and annual per capita cost of staple articles of consumption at the Willard State Hospital during the year ending September 30, 1905:

	Average purchase price	Annual per capita cost
meat per pound.....	\$0.0667	\$14.313
try, per pound.....	.11	.451
at flour, per barrel.....	5.12	5.184
at flour (made from local wheat).....	4.839	1.692
er, per pound.....	.206	8.449
se, per pound.....	.092	.676
, per dozen.....	.185	3.555
per pound.....	.173	.567
e, per pound.....	.117	1.699
r, per pound.....	\$0.055	\$2.885
ors, distilled, per gallon.....	1.25	.05

FUEL AND LIGHT

l annual cost.....	\$37,283 42
ual per capita cost.....	16.749
ber of tons of coal purchased, 14,776 tons, 2 cwt.	
verage price, anthracite.....	5.321
bituminous.....	2.297

TEENTH. ANNUAL REPORT OF THE
 RD STATE HOSPITAL—ANNUAL REPORT
 STATISTICAL TABLES

TABLE No. 1
 population for the year ending September

	Men	Wo
1, 1904.....	1,134	1,
ar ending September 30,	247	
ents:	106	
county-houses.....	4	
m other institutions for	137	
treatment during year....	1,381	1,
ation.....	1,119	1,
ion.....	1,147	1,
he year:		
.....	41	
.....	36	
.....	88	
.....	89	
arged during the year....	254	
1, 1905.....	1,127	1,

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	1869
Total acreage of grounds and buildings.....	1,204
Value of real estate, including buildings.....	\$1,420,602 68
Value of personal property.....	211,300 00
Acreage under cultivation.....	830

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$6,980 74
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	405,180 72
From private patients.....	452 82
From reimbursing patients.....	19,144 11
From all other sources.....	3,838 67

Total receipts for maintenance.....	\$435,597 06
-------------------------------------	--------------

Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$28,764 60
---	-------------

Total receipts from uniforms and other items....	\$1,205 99
--	------------

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$20,028 08
Estimate No. 2. For wages.....	169,681 88
Estimate No. 3. For provisions and stores.....	114,541 59
Estimate No. 4. For ordinary repairs.....	8,894 63
Estimate No. 5. For farm and grounds.....	10,513 97
Estimate No. 6. For clothing of patients.....	14,614 27
Estimate No. 7. For furniture and bedding.....	14,268 81
Estimate No. 8. For books and stationery.....	2,383 61
Estimate No. 9. For fuel and light.....	37,283 42
Estimate No. 10. For medical supplies.....	1,681 05
Estimate No. 11. For miscellaneous expenses.....	8,957 46
Estimate No. 12. For transportation.....	2,727 49

Total disbursements, estimates 1 to 12 inclusive.....	\$405,576 26
---	--------------

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

To pay State treasurer, sundry receipts, under chapter 580, Laws 1899, as amended by chapter 326, Laws 1900.....	\$
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$
Total disbursements during year, uniforms.....	
Balances October 1, 1905:	
General maintenance fund.....	
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	
Maximum rate of wages paid nurses:	Day
Men.....	41.25
Women.....	35.00
Minimum rate of wages paid attendants:	
Men.....	22.00
Women.....	16.00
Proportion of day attendants to average daily population.....	
Proportion of night attendants to average daily population.....	
Percentage of daily patient population engaged in some kind of useful occupation.....	
Estimated value of farm and garden products during year.....	\$
Estimated value of articles made or manufactured by patients during year.....	

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	5	11	16	1	3	4	3
Mental strain, worry and overwork (not included in above).....	8	11	19	4	4	8	6
Religious excitement....	1	3	4	.....	.....	.....	2
Love affairs (including seduction).....	.....	3	3	.....	1	1	1
Physical:							
Intemperance.....	39	13	52	7	2	9	18
Venereal diseases.....	14	3	17	2	.....	2	5
Masturbation.....	7	1	8	4	1	5	2
Sunstroke.....	2	.....	2	.....	.....	.....	.....
Accident or injury.....	4	3	7	.....	1	1	3
Pregnancy.....	.....	9	9	.....	2	2	2
Parturition and puerperium.....	.....	2	2	.....	2	3	.....
Change of life.....	.....	12	12	.....	4	4	.....
Privation and overwork.....	.....	1	1	.....	.....	.....	.....
Epilepsy.....	21	23	44	3	7	10	23
Diseases of skull and brain.....	7	3	10	1	2	3	5
Old age.....	6	11	17	1	1	2	6
Abuse of drugs.....	3	2	5	1	.....	1	.....
All other bodily disorders and ill health.....	5	14	19	4	9	13	4
Hereditary.....	14	43	57	14	43	57	.....
Congenital defect.....	14	6	20	.....	1	1	14
Unascertained.....	97	147	244	8	18	26	172
Total.....	247	321	568	50	101	151	266

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and
the year ending September 30, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905	
	Admitted	Recovered
Alcoholic insanity.....	19	
General paralysis.....	16	
Senile insanity.....	24	
Epilepsy with insanity.....	34	
Imbecility, idiocy with insanity.....	3	
Other psychoses.....	472	
Total.....	568	

TABLE No. 5

Temporarily discontinued

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905					SINCE OCTOBER 1, 1905						
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	15	10	25	1	.....	1	162	119	281	7	2	9
One to three months.....	6	6	12	7	5	12	100	117	217	77	30	107
Three to six months.....	7	5	12	11	8	19	67	74	141	157	115	272
Six to nine months.....	3	3	6	7	9	16	23	26	49	80	86	166
Nine months to one year.....	1	.....	1	5	3	8	13	15	28	54	71	125
One year to eighteen months.....	1	2	3	2	2	4	20	13	33	53	56	109
Eighteen months to two years.....	1	1	2	1	.....	1	14	13	27	11	13	24
Two to three years.....	3	1	4	2	3	5	15	14	29	14	29	43
Three to four years.....	.....	1	1	1	.....	1	6	3	9	3	7	10
Four to five years.....	.....	1	1	2	.....	2	.....	4	4	5	2	7
Five to ten years.....	.....	.....	.....	2	.....	2	4	6	10	6	3	9
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	2	4	.....	1	1
Unascertained.....	4	.....	4	.....	.....	.....	41	9	50	.....	.....	.....
Total.....	41	30	71	41	30	71	467	415	882	467	415	882

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE Oc	
	Men.	Women	Total	Men	W
Specific infectious diseases:					
Typhoid fever.....				3	
Measles.....				2	
Influenza.....				1	
Diphtheria.....					
Erysipelas.....				13	
Septicemia and pye-					
mia.....		1	1	9	
Dysentery.....		1	1	9	
Tuberculosis.....	18	16	34	225	
Constitutional diseases:					
Rheumatism (or rheu-					
matic affections)...					
Diabetes mellitus and					
diabetes insipidus..				2	
Scurvy, purpura and					
hemophilia.....					
Diseases of the digestive					
system:					
Mouth, salivary glands					
pharynx, tonsils and					
oesophagus.....				4	
Diseases of the stom-					
ach.....	1		1	3	
Diseases of the intes-					
tines.....	9	9	18	54	
Diseases of the liver..				5	
Diseases of the perito-					
neum.....		2	2	16	
Diseases of the respira-					
tory system:					
Diseases of the bronchi				5	
Diseases of the lungs..	16	8	24	196	
Diseases of the pleura.				2	
Diseases of the circula-					
tory system:					
Diseases of the peri-					
cardium.....				4	
Diseases of the heart..	12	16	28	175	
Arterio-sclerosis.....	1		1	7	
Aneurism.....				3	

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....				3	4	7
Exophthalmic goitre.....					1	1
Diseases of the genito-urinary system.....	5	6	11	115	76	191
Diseases of the nervous system:						
Diseases of the spinal cord.....		1	1	5	1	6
Diseases of the meninges.....		1	1	8	10	18
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	11	11	22	88	115	203
Epilepsy.....	3		3	53	41	94
Mental diseases:						
Exhaustion of acute mental disease... }						
Exhaustion of chronic mental disease. }				68	71	139
General paralysis of the insane.....	11	5	16	146	35	181
The intoxications; heat-stroke; obesity:						
Heat-stroke.....					1	1
Debility of old age.....				26	43	69
Accident.....	2		2	11	3	14
Suicide.....				5	4	9
Surgical and gynecological diseases and diseases of the skin.....				7	5	12
Malignant new growths or cancer.....		2	2	21	45	66
Total.....	89	79	168	1,294	1,299	2,593

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	14	13	27	213	235	448
Maternal branch.....	10	28	38	278	331	609
Paternal and maternal branches.....	3	12	15	31	75	106
Collateral branches.....	23	48	71	347	359	706
No hereditary tendency.	72	79	151	1,128	962	2,090
Unascertained.....	125	141	266	1,110	1,106	2,216
Total.....	247	321	568	3,107	3,068	6,175

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER, 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	156	127	283	1,560	1,130	2,690
Married.....	64	128	192	1,156	1,327	2,483
Widowed.....	11	52	63	301	546	847
Divorced.....	1	6	7	33	27	60
Unascertained.....	15	8	23	57	38	95
Total.....	247	321	568	3,107	3,068	6,175

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	4	1	5	57	18	75
Academic.....	10	17	27	176	208	384
Common school.....	117	139	256	1,941	1,785	3,726
Read and write.....	20	26	46	103	78	181
Read only.....		17	17	113	180	293
No education.....	13	19	32	199	193	392
Unascertained.....	83	102	185	518	606	1,124
Total.....	247	321	568	3,107	3,068	6,175

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment, of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	7	3	10	3	5	8	78	66	144	103	74	177
One to three months.....	9	5	14	4	9	13	84	78	162	118	96	214
Three to six months.....	8	4	12	4	4	8	77	51	128	105	87	192
Six to nine months.....	1	3	4	7	6	13	81	51	132	61	71	132
Nine months to one year.....	4	.....	4	5	5	10	40	32	72	64	54	118
One year to eighteen months.....	6	6	12	5	4	9	89	58	147	103	88	191
Eighteen months to two years.....	2	4	6	5	2	7	33	32	65	65	64	129
Two to three years.....	3	5	8	5	4	9	123	93	216	98	83	181
Three to four years.....	6	6	12	6	3	9	86	91	177	96	93	189
Four to six years.....	7	8	15	7	6	13	103	109	212	100	108	208
Six to ten years.....	4	8	12	20	12	32	90	126	216	140	146	286
Ten to twenty years.....	8	13	21	14	11	25	105	154	259	163	207	370
Twenty years and over.....	5	7	12	4	8	12	70	98	168	78	128	206
Unascertained.....	19	7	26	.....	.....	.....	235	260	495	.....	.....	.....
Total.....	89	79	168	89	79	168	1,294	1,299	2,593	1,294	1,299	2,593
Average duration of insane life (give years and tenths)				5.9	6.8	6.3	.....	.....	.....	5.3	6.9	6.1

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....					1	1
From 10 to 15 years.....				10	5	15
From 15 to 20 years.....	8	7	15	110	61	171
From 20 to 25 years.....	19	10	29	229	151	380
From 25 to 30 years.....	17	19	36	264	246	510
From 30 to 35 years.....	30	37	67	294	299	593
From 35 to 40 years.....	35	38	73	331	327	658
From 40 to 50 years.....	64	78	142	638	740	1,378
From 50 to 60 years.....	34	65	99	538	575	1,113
From 60 to 70 years.....	19	45	64	371	386	757
From 70 to 80 years.....	9	16	25	245	223	468
From 80 to 90 years.....	4	6	10	67	53	120
Ninety years and over.....				2	1	3
Unascertained.....	8		8	8		8
Total.....	247	321	568	3,107	3,068	6,175

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	3	5	8	37	29	66
From 20 to 30 years.....	14	8	22	118	120	238
From 30 to 40 years.....	6	8	14	83	127	210
From 40 to 50 years.....	7	4	11	95	85	180
From 50 to 60 years.....	4	4	8	78	38	116
From 60 to 70 years.....	6	1	7	46	13	59
From 70 to 80 years.....	1		1	8	3	11
Over 80 years.....				2		2
Total.....	41	30	71	467	415	882

TEENTH ANNUAL REPORT OF THE

ARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

ients who died during the current year
October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER	
	Men	Women	Total	Men	Women
.....				7	
.....	1		1	20	
.....	2		2	47	
.....	1	2	3	52	
.....	1	2	3	95	
.....	1	3	4	173	2
.....	13	13	26	255	2
.....	18	17	35	243	2
.....	22	12	34	261	2
.....	22	23	45	112	
.....	8	6	14	23	
.....		1	1		
...	89	79	168	1,294	1,2

TABLE No. 15

tion of insanity previous to admission o
uring the year ending September 30, 1905

ON OF INSANITY	Men	Women
.....	21	
.....	21	
.....	15	
.....	9	
year.....	3	
1 months.....	13	
two years.....	5	
.....	16	
.....	15	
.....	13	
.....	33	
.....	27	
years.....	27	
ars.....	15	
wards.....	2	
.....	9	
.....	247	3

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	118	6	124
One to three months.....	17	149	166
Three to six months.....	39	93	132
Six to nine months.....	11	17	28
Nine months to one year.....	16	15	31
One year to eighteen months.....	21	20	41
Eighteen months to two years.....	11	15	26
Two to three years.....	78	34	112
Three to four years.....	31	52	83
Four to five years.....	41	31	72
Five to ten years.....	299	310	609
Ten to fifteen years.....	194	165	359
Fifteen to twenty years.....	80	74	154
Twenty to thirty years.....	116	144	260
Thirty years and upwards.....	55	43	98
Total.....	1,127	1,168	2,295

TEENTH ANNUAL REPORT OF THE

RD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

n of those admitted during the current year
October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOB	
	Men	Women	Total	Men	Wom
and hysi- rchi- hors, vey- ..	6	.....	6	85	
, ac- ks, pers, ogra- , etc. and	20	...	20	252	
ers, ..	42	.....	42	846	
out- is: iters, yers, tc...	25	.....	25	509	....
, at oca-					
bind- eav- , etc. e: ants,	39	.....	39	234	
..		93	93	25	1,2
and estic					
hers, ceep-		177	177	43	1,3
es- hers, ..		4	4	.....

STATE COMMISSION IN LUNACY

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1904		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
tailoresses, seamstresses, bookbinders, factory workers, etc.....		18	18	11	144	
fishermen, seamen, etc.....	2		2	32		
prostitutes.....		1	1		3	
laborers.....	73		73	832		
no occupation.....	15	21	36	172	195	
unascertained.....	25	7	32	66	56	
Total.....	247	521	568	3,107	3,068	6

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Alabama.....				1		1
California.....				2	1	3
Connecticut.....				19	9	28
Florida.....					2	2
Georgia.....					1	1
Illinois.....				6	4	10
Indiana.....	1		1	2	4	6
Iowa.....	1		1	3	1	4
Kansas.....				1	2	3
Kentucky.....					3	3
Maine.....	1		1	3	2	5
Maryland.....	2		2	7	56	63
Massachusetts.....		1	1	20	11	31
Michigan.....	2	1	3	20	11	31
Minnesota.....				1	4	5
Mississippi.....				1		1
Missouri.....				1	1	2
New Hampshire.....				4	2	6
New Jersey.....	2		2	15	9	24
New York.....	83	90	173	1,713	1,617	3,330
North Carolina.....	1		1	3	2	5
Ohio.....	1		1	7	2	9
Pennsylvania.....	3	6	9	77	69	146
Rhode Island.....				3		3
South Carolina.....				1	1	2
Tennessee.....				1		1
Texas.....				1		1
Vermont.....		1	1	12	9	21
Virginia.....		2	2	3	10	13
West Virginia.....		1	1		1	1
Wisconsin.....	1		1	5	6	11
Africa.....				1		1
Armenia.....				1		1
Austria.....	2	3	5	9	6	15
Bavaria.....				1		1
Bohemia.....	1	2	3	3	4	7
Canada.....	2	2	4	39	43	82
China.....	1		1	1		1
Cuba.....				1		1
Denmark.....				1	3	4
England.....	5	15	20	88	96	184
Finland.....	1		1	1		1

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1890		
	Men	Women	Total	Men	Women	Total
Ireland.....	1	3	4	17	8	25
Germany.....	22	38	60	212	229	441
Greece.....				1	1	2
Holland.....		1	1	6	13	19
Hungary.....	1	1	2	6	4	10
Italy.....	23	76	99	301	529	830
Poland.....	5	3	8	23	11	34
Spain.....	1		1	1		1
Sweden.....	1		1	1		1
Switzerland.....				1		1
Norway.....	3	1	4	4	2	6
Nova Scotia.....		1	1	2	1	3
Denmark.....	2	4	6	10	18	28
Rumania.....	1		1	1		1
Russia.....	5	2	7	14	3	17
Scotland.....	1	2	3	14	16	30
Sweden.....	2	4	6	13	13	26
Switzerland.....	1		1	13	1	14
Syria.....	1		1	1		1
Wales.....		1	1	1	3	4
West Indies.....	1		1	1		1
United States.....	45	55	100	170	80	250
Unascertained.....	21	5	26	216	144	360
Total.....	247	321	568	3,107	3,068	6,175

Of the total number admitted since the 1st of October, 1890, the parents of 3.95 per cent were both of foreign birth.

In 2.01 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.9 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....	20		20
Broome.....			
Cattaraugus.....			
Cayuga.....	36		36
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....	1		1
Delaware.....			
Dutchess.....			
Erie.....	1	1	2
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	7		7
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	161		161
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	1		1
New York.....	176		176
Niagara.....			
Oneida.....			
Onondaga.....	2		2
Ontario.....	32		32
Orange.....			
Orleans.....	5		5
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	3		3
Rensselaer.....			
Richmond.....	2		2
Rockland.....			
St. Lawrence.....			

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....	14		14
Seneca.....	20		20
Steuben.....	37		37
Suffolk.....	2		2
Sullivan.....			
Tioga.....			
Tompkins.....	13		13
Ulster.....			
Warren.....			
Washington.....			
Wayne.....	25		25
Westchester.....			
Wyoming.....			
Yates.....	8		8
Soldiers' Home.....	1		1
Total.....	567	1	568

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	50	88	138	.....	.....	.....
Allegany.....	50	51	101	.....	.....	.....
Broome.....	.....	.....	.....	.....	.....	.....
Cattaraugus.....	2	.....	2	.....	.....	.....
Cayuga.....	99	75	174	.....	.....	.....
Chautauqua.....	2	.....	2	.....	.....	.....
Chemung.....	30	26	56	.....	.....	.....
Chenango.....	.....	.....	.....	.....	.....	.....
Clinton.....	.....	2	2	.....	.....	.....
Columbia.....	.....	8	8	.....	.....	.....
Cortland.....	.....	2	2	.....	.....	.....
Delaware.....	.....	.....	.....	.....	.....	.....
Dutchess.....	.....	1	1	.....	.....	.....
Erie.....	42	4	46	.....	1	1
Essex.....	2	2	4	.....	.....	.....
Franklin.....	10	3	13	.....	.....	.....
Fulton.....	10	4	14	.....	.....	.....
Genesee.....	1	.....	1	.....	.....	.....
Greene.....	4	1	5	.....	.....	.....
Hamilton.....	.....	.....	.....	.....	.....	.....
Herkimer.....	5	7	12	.....	.....	.....
Jefferson.....	.....	.....	.....	.....	.....	.....
Kings.....	29	132	161	.....	.....	.....
Lewis.....	5	1	6	.....	.....	.....
Livingston.....	.....	.....	.....	.....	.....	.....
Madison.....	3	2	5	.....	.....	.....
Monroe.....	.....	2	2	.....	.....	.....
Montgomery.....	8	9	17	.....	.....	.....
Nassau.....	.....	1	1	.....	.....	.....
New York.....	210	168	378	.....	.....	.....
Niagara.....	9	2	11	.....	.....	.....
Oneida.....	1	.....	1	.....	.....	.....
Onondaga.....	20	27	47	.....	.....	.....
Ontario.....	97	92	189	.....	.....	.....
Orange.....	5	2	7	.....	.....	.....
Orleans.....	.....	.....	.....	.....	.....	.....
Oswego.....	2	5	7	.....	.....	.....
Otsego.....	.....	.....	.....	.....	.....	.....
Putnam.....	.....	3	3	.....	.....	.....
Queens.....	17	12	29	.....	.....	.....
Rensselaer.....	6	40	46	.....	.....	.....
Richmond.....	1	8	9	.....	.....	.....

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland.....	1	.....	1	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	9	12	21	.....	.....	.....
Schenectady.....	6	9	15	.....	.....	.....
Schoharie.....	.....	.....	.....	.....	.....	.....
Schuyler.....	34	27	61	.....	.....	.....
Seneca.....	46	40	86	.....	.....	.....
Steuben.....	110	94	204	.....	.....	.....
Suffolk.....	5	4	9	.....	.....	.....
Sullivan.....	1	.....	1	.....	.....	.....
Tioga.....	.....	.....	.....	.....	.....	.....
Tompkins.....	47	54	101	.....	.....	.....
Ulster.....	.....	15	15	.....	.....	.....
Warren.....	1	3	4	.....	.....	.....
Washington.....	.....	10	10	.....	.....	.....
Wayne.....	72	44	116	.....	.....	.....
Westchester.....	11	35	46	.....	.....	.....
Wyoming.....	.....	.....	.....	.....	.....	.....
Yates.....	22	38	60	.....	.....	.....
Soldiers and Sailors' Home.....	27	.....	27	.....	.....	.....
State patients.....	15	2	17	.....	.....	.....
Total.....	1,127	1,167	2,294	.....	1	1

THIRTY-NINTH ANNUAL REPORT
OF THE
HUDSON RIVER STATE HOSPITAL
AT POUGHKEEPSIE
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905

OFFICERS

Board of Managers

ISAAC W. SHERRILL, President.....Poughkeepsie
REGINALD W. RIVES, Secretary.....New Hamburg
GEORGE M. HINE.....Poughkeepsie
Miss CATHERINE A. NEWBOLD.....Poughkeepsie
Mrs. GRACE SCHENCK WARD.....Albany
WILLIAM D. GRANGER, M. D.....Bronxville
WILLIAM F. GURLEY.....Troy

Treasurer

CHARLES W. PILGRIM, M. D.....Poughkeepsie

Counsel

JAMES L. WILLIAMS.....Poughkeepsie

Resident Officers

CHARLES W. PILGRIM, M. D.....Medical Superintendent
ISHAM G. HARRIS, M. D.....First Assistant Physician
CHARLES H. LANGDON, M. D.....Second Assistant Physician
FREDERICK W. PARSONS, M. D.....Assistant Physician
MARK L. FLEMING, M. D.....Assistant Physician
SAMUEL F. MELLEN, M. D.....Assistant Physician
WILLIAM J. CAVANAUGH, M. D.....Junior Assistant Physician
CLINTON J. HYDE, M. D.....Junior Assistant Physician
ELBERT D. B. LOUGHRAN, M. D.....Junior Assistant Physician
NORTON I. PENNOCK, M. D.....Medical Interne
ROBERT R. PATTERSON, M. D.....Medical Interne
EMMA PUTNAM, M. D.....Woman Physician
Vacancy.....Steward
Vacancy.....Matron

Ophthalmologist

W. G. DOBSON, M. D.....Poughkeepsie

Dentist

MITCHELL DOWNING, D. D. S.....Poughkeepsie

REPORT OF THE BOARD OF MANAGERS

To the State Commission in Lunacy:

Gentlemen—In compliance with Chapter 490, Laws of 1905, the following report of the operations of the Hudson River State Hospital, for the fiscal year ending September 30, 1905, is herewith presented:

The treasurer's report explains in detail the receipts and disbursements during the year and needs but little comment. We desire, however, to call your attention to the fact that the weekly per capita cost for the year just ended was only two cents more than for the previous year, notwithstanding the considerable increase in the wages of employees, which weekly increase amounted to 13 cents per capita. A proportionate increase in the per capita cost of maintenance would have occurred had not the utmost care been exercised to keep the expenses down to the lowest possible figure.

In the superintendent's report to this board you will find a detailed account of the movements of the steadily increasing population, the work accomplished during the year, the improvements and additions made to the hospital, etc., but far more important than all are the various changes still needed to place the hospital in proper condition to perform the work expected of it. While nothing unnecessary has been asked for, there are certain requests for appropriations, the extreme need of which we feel it our plain duty to emphasize.

First, and of greatest importance is the reception hospital for acute and recoverable cases. The large wards of the hospital, each accommodating from 100 to 150 patients, are in no way suited to the reception and treatment of recoverable cases and we are confident that the good the hospital is capable of doing in this field cannot be accomplished until this great need is supplied. Neither are there proper facilities on these large and overcrowded wards for the treatment of cases requiring surgical attention. We therefore hope this matter will be given your careful consideration and that the Legislature may be convinced that funds should be furnished for this greatly needed addition.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

When the hospital was built very few porches were provided and we now feel the need of sun rooms and day rooms. The inestimable advantages of sunlight and fresh air in the treatment of the insane are so well understood that they need no explanation, and our hospital should, in this respect, be brought up to the standard of the newer and more recently planned institutions.

With the great increase in population the necessity for larger and better facilities in our laundry is also apparent. The laundry of a hospital for the insane is an important factor in its operations, and nothing causes so much inconvenience and so many hardships as a lack of facilities for doing this work promptly and efficiently,

We must also enter a plea for the amount asked for for the renovation and refurnishing of the wards. The superintendent has truly stated that many of the wards are poorly furnished, which makes them cheerless and comfortless, and it is only possible by supplying these needs from time to time that the hospital can be kept as bright and cheerful as it should be.

The old wooden fences on either side of the public road have quite given way and it is entirely impossible to patch them up any longer—they were put up at least 30 years ago. It would seem to us wise to make some use of the stone which is in the woods on either side of the road of which piers could be built for a suitable iron fence. This would give the occupation during this winter to the patients of gathering sufficient stone to build these piers. The untidy state of the fences on the high road has been a source of much comment by the public and we think the stone piers and iron fence finished with a good iron gate would make a more dignified entrance to the institution.

A new library would be of very great use and comfort to both patients and employees, whose monotonous lives need to be cheered by as much diversion as can possibly be given.

The other requests we feel sure will meet with the approval of the Commission and receive careful consideration. It is, therefore, useless to repeat the arguments so ably given by our devoted superintendent, to whose untiring energy the hospital owes much of its efficient work which has been so faithfully carried on by his able staff of officers.

The purchase of the Bech farm, which has been leased by the hospital for the past 15 years, is urgently recommended, as its loss would seriously interfere with the present income and production of the farm as well as in many other ways, such as the employment for

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

patients, pasture for stock, etc. It would probably cost about \$20,000 as there are nearly 400 acres of land.

The hospital has been visited by the board of managers after each of its meetings, and it has been thoroughly inspected at other times by different members of the board. We have invariably found the wards clean and in good order, the patients neat and tidy, the meals well served and the food good, and the attendants faithful in the discharge of their duties and always cheerful and kind to the patients. These visits of inspection were made at different hours and at the most unexpected times, and we feel convinced that the patients are as well treated and cared for as the overcrowding will allow.

We can not refrain from mentioning the loss the hospital sustained in the death of Mrs. Pilgrim, whose sweet and gentle personality and unvarying thoughtfulness of others had endeared her to patients, nurses and physicians.

Respectfully submitted.

ISAAC W. SHERRILL
CATHERINE A. NEWBOLD
GRACE SCHENCK WARD
G. M. HINE
R. W. RIVES
WM. D. GRANGER
WM. F. GURLEY

TREASURER'S REPORT, 1905

GENERAL FUND

Receipts

Balance on hand October 1, 1904.....	\$6,553 93
Received from State treasurer for maintenance on estimates 1 to 12 inclusive.....	432,035 48
Received from private patients.....	10,195 92
Received from reimbursing patients.....	17,504 51
Received from all other sources.....	1,571 24
<hr/>	
Total receipts for maintenance, October 1, 1904, to September 30, 1905.....	\$467,861 08

Disbursements

Estimate No. 1. Officers'salaries	\$19,162 48
Estimate No. 2. Wages.....	162,879 23
Estimate No. 3. Provisions and stores.....	137,663 11
Estimate No. 4. Ordinary repairs.....	7,758 31
Estimate No. 5. Farm and grounds.....	9,571 98
Estimate No. 6. Clothing of patients.....	15,789 58
Estimate No. 7. Furniture and bedding.....	11,291 91
Estimate No. 8. Books and stationery.....	2,261 34
Estimate No. 9. Fuel and light.....	50,634 58
Estimate No. 10. Medical supplies.....	2,670 48
Estimate No. 11. Miscellaneous expenses.....	11,551 23
Estimate No. 12. Transportation of patients.....	4,900 65

Total disbursements, estimates 1 to 12 in- clusive.....	\$436,134 88
Materials for which hospital is reimbursed.....	757 95
<hr/>	
	\$436,892 83

Remitted to State treasurer sundry receipts as per chapter 580, Laws of 1899, amended by chapter 326, Laws of 1900.....	27,922 24
<hr/>	
	\$464,815 07

ANNUAL REPORT OF THE STATE COMMISSION IN LUNACY 513

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Total receipts for fiscal year ending September 30, 1905.....	\$467,861 80
Total disbursements.....	464,815 70
	<hr/>
Balance on hand October 1, 1905.....	\$3,046 01
	<hr/>

SPECIAL FUND

Receipts

Received from State comptroller, chapter 635, Laws of 1904.....	\$81,624 51
Paid vouchers 64 to 367 inclusive.....	81,624 51
	<hr/>
Received from State comptroller, chapter 700, Laws of 1905.....	\$7,635 33
Paid vouchers 1 to 3 inclusive.....	7,426 25
	<hr/>
Balance on hand October 1, 1905.....	\$209 08
	<hr/>

SUMMARY OF CASH BALANCES

GENERAL FUND

Balance on salaries, October 1, 1905.....	\$214 03
Balance on wages, October 1, 1905.....	357 91
Balance on supplies, October 1, 1905.....	2,474 07
	<hr/>
Total balance on hand, General fund, October 1, 1905.....	\$3,046 01
	<hr/>

SPECIAL FUND

Balance on hand, chapter 700, Laws of 1905.....	\$209 80
	<hr/>

Respectfully submitted.

CHAS. W. PILGRIM
Treasurer

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

In compliance with the requirements of the law, the following report of the operations of the Hudson River State Hospital, for the fiscal year ending September 30, 1905, is respectfully submitted:

	Men	Women	Total
Number of patients remaining October 1, 1904.....	1,043	1,158	2,201
Admitted during the year ending September 30, 1905.....	294	243	537
	<hr/>	<hr/>	<hr/>
Total number under treatment during the year.....	1,337	1,401	2,738
	<hr/>	<hr/>	<hr/>
Daily average population.....	1,082	1,182	2,264
Capacity of institution.....	990	1,045	2,035
	<hr/>	<hr/>	<hr/>
Discharged during the year:			
As recovered.....	38	43	81
As improved.....	53	24	77
As unimproved.....	22	17	39
As not insane.....	10	11	21
Died.....	114	114	228
	<hr/>	<hr/>	<hr/>
Whole number discharged during the year.....	237	209	446
	<hr/>	<hr/>	<hr/>
Remaining October 1, 1905.....	1,100	1,192	2,292
	<hr/>	<hr/>	<hr/>

ADMISSIONS

Of the 537 admissions, 514 were upon original commitments, while 23 were transferred from other institutions for the insane.

DISCHARGES

Of the 77 patients discharged as improved, 50 men and 22 women were taken to their homes, two men were transferred to other state

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

hospitals, and one man and two women were sent to their homes in Europe.

Of the 39 patients discharged as unimproved, 16 men and 10 women were taken home. Two men and three women were transferred to other state hospitals, and four men and four women were sent to their homes in Europe.

NUMBER UNDER TREATMENT

The greatest number of patients in the institution at any one time during the year was 2,304, the smallest, 2,203, and the daily average, 2,264.

RECOVERIES

The rate of recoveries upon the original admissions was 15.78 per cent, while it was 18.45 per cent on the number discharged, exclusive of those transferred to other institutions. These figures will be somewhat increased if the cases discharged as "not insane" are excluded.

As has been mentioned in former reports, owing to the establishment of Pavilion F at the Albany Hospital, and to the enlargement and improvement of Marshall Sanitarium, all acute cases from Albany county are sent to the former institution, while many of those from Rensselaer and adjoining counties who are able to pay for care and treatment are sent to the latter place, where they remain until cured or until their chronicity is established, when they are transferred to this hospital. This naturally lowers our recovery rate and gives us only the undesirable, non-recoverable and troublesome cases from the localities mentioned.

It will be noticed upon analyzing our tables that about 20 per cent of the admissions were senile cases, about 9.5 per cent general paralytics, 15.5 per cent alcoholics, a little over 3.5 per cent were not insane, and about 5.5 per cent were cases of imbecility with insanity.

Of the 537 cases admitted during the year, 431 were hopeless from the beginning, while only 106 had any prospect of recovery. If, therefore, we compute the percentage of recoveries upon this basis, we get a recovery rate of something over 76.4 per cent.

DEATHS

The total number of deaths during the year was 228; 114 men and 114 women, which is 8.32 per cent on the number under treatment. General paresis was the cause of 15.35 per cent of all the

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

deaths; 40.35 per cent were due to the senile psychoses; 3.5 per cent were epileptic. The deaths due to general paralysis of the insane and senile causes amounted to 55.7 per cent of all the cases. The death rate from general paresis is 5 per cent greater than it was last year. The increase in the death rate has been gradual since the establishment of Pavilion F at the Albany Hospital and the enlargement of Marshall Sanitarium, due to the fact, as stated elsewhere, that we now receive a large number of hopeless cases from these localities. In 1902 it was 6.07 per cent; in 1903, 6.74 per cent; in 1904, 7.11 per cent. Tuberculosis was the cause of death in 16.22 per cent of the cases, which is 2 per cent less than the deaths from the same disease last year. Heart disease claimed 11.8 per cent of the deaths this year while last year it was 16 per cent.

CAUSES OF INSANITY

In over 20 per cent of our admissions alcohol was one of the chief causes of insanity, and of the 111 cases due to alcohol 33 per cent inherited the habit directly from either the father or mother.

In 10 per cent of the cases admitted heredity was the direct cause while in over 40 per cent an hereditary disposition could be traced. These figures call attention in a striking manner to the responsibilities of parentage.

OCCUPATION

The daily average during the year was 66 per cent for men and 60 per cent for women, while the general average was 63 per cent.

AMUSEMENT AND RECREATION

The plan adopted two years ago of placing the amusements in charge of Mr. W. O. Wheeler has continued to be eminently satisfactory, and under his management the patients were made happy during the year just closed by numerous dramatic entertainments, dances, card parties, boat sails, ball games, athletic contests, sleigh rides, etc. Probably the one thing most enjoyed was a clam bake in the grove where more than 200 patients were furnished with the good things that are usually found on such occasions.

CHANGES IN THE OFFICIAL STAFF

The following changes occurred in the official staff during the year: Dr. Isham G. Harris was appointed first assistant physician Decem-

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

ber 1, 1904, in place of Dr. Thomas E. Bamford, who resigned October 31, 1904, to enter private practice. Dr. Frederick W. Parsons and Dr. Mark L. Fleming were promoted to assistant physicians on November 1, 1904. Dr. Clinton J. Hyde was promoted to junior assistant physician November 1, 1904. Dr. Elbert Du B. Loughran was appointed junior assistant physician November 1, 1904. Dr. Norton I. Pennock was appointed medical interne January 17, 1905. Dr. Robert R. Patterson was appointed medical interne August 1, 1905. Howard P. Carpenter served as clinical assistant during June, July and August.

Miss Allura Barrington, who had served the hospital faithfully for many years in various capacities, and who had acceptably filled the position of matron for the past eight years, resigned on January 1st of the present year.

Mr. L. P. Gillespie, who had for several years been steward of this hospital, resigned on the 15th of August to accept the superintendency of the business department of Vassar College. Mr. Gillespie's resignation was regretted by everyone connected with the hospital and the good wishes of all went with him to his new field of labor.

At the present writing neither vacancy has been filled.

AUTOPSY WORK

The staff has taken much interest in autopsy work, and autopsies were performed in 33 per cent of those dying. Autopsy material was furnished to the Pathological Institute from time to time.

IMPROVEMENTS DURING THE YEAR

Superintendent's House and Staff House

Owing to various unavoidable causes work on the superintendent's house and the staff house progressed with provoking slowness during the year, but it is a pleasure to state that both will be ready for occupancy within a very short time. The rooms vacated by the superintendent and the staff will then be altered and will provide accommodation for about 120 patients.

Bakery and Employees' Building.

The new bakery and employees' building was put in use early in the year and admirably fulfills the purposes for which it was erected.

Filter Beds

The filter beds, which were in progress at the time of writing the last report were completed early in the summer and frequent analyses

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

of the water show that they are performing their work in a very satisfactory manner. The building of these beds we consider one of the greatest improvements in many years.

Chemical Refrigeration of Cold Storage Room

The appropriation asked for last year for this work was granted and plans are now under way for the installation of a suitable plant. The work will be done during the winter when it can be pursued with less inconvenience than it could be during the summer weather. We are convinced that this will be a very great improvement over our present arrangements.

Hospital for Tuberculous Cases

Additions are now being made at cottages 4 and 5 and at the central group, which will give us admirable facilities for treating the tuberculous and infirm. For many years we have used two of the cottages for segregating those suffering from tuberculosis, and the additions which are now being made will add greatly to their usefulness.

The addition at the central group will be used for bed cases and the larger wards of the main building will be relieved of this class.

In all of these additions large sun rooms are provided into which beds can be placed so that even the bed ridden and helpless can have the priceless benefits of air and sunshine.

New Amusement Hall

Early in the year the Commission in Lunacy decided to build a new amusement hall and to change the old one so that it would be suitable for the care of feeble cases. This decision was one which we had long hoped for and it is a pleasure to state that before the next report is written, we will have a hall suitable for an institution of this character and size. A central site has been selected and the building besides being useful will be a great addition architecturally.

Engineering Department

At the last session of the Legislature \$10,000 was appropriated for new boilers, \$5,000 for a new fire alarm system, \$2,000 for a fire escape for the main building and \$1,000 for repairs at the electric light station. All of these matters are in the hands of the State architect.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Plumbing, Etc.

Appropriations for renewal of plumbing in wards 1, 5, and 9, for the renovation of the E ward, and for the renewals and repairs to cottages, have been allowed and the work will be prosecuted during the winter. So much out-of-door work has been under way during the summer that everything relating to the interior of the hospital has been postponed.

NEEDS FOR THE COMING YEAR

Reception Hospital for Acute Cases

I feel that our greatest need at present is for a suitable building for the reception and treatment of acute cases of insanity, but so much has been said upon this subject in previous reports that I feel that it is unnecessary to more than express the hope that an appropriation may be made the coming year to provide for this crying need. With this want supplied our hospital would be well adapted for the care and treatment of all classes of insanity. I am sure that the situation is fully understood by the Commission in Lunacy and I feel that an appropriation for the purpose will be made as soon as it is possible to obtain the funds.

Laundry Equipment

While it is true that a good deal of machinery was installed in the laundry a few years ago, it is equally true that the rapid growth of the hospital has made our present facilities in this department entirely inadequate. We need several new washing machines, an extractor, a new dry house, a collar and cuff ironer, and some smaller pieces. In addition the wash room floor should be cemented and properly graded so that water from the machines would not always cover the floor as is now the case. A new floor is also needed in the sorting room. A careful estimate shows that an expenditure of about \$6,000 will be required to bring the capacity of the laundry up to the present needs of the hospital.

Library

The room which we now use on the office floor of the main building for the patients' library is much too small and besides it is greatly needed for other purposes. If a small addition could be made to the corridor of ward 11, our needs in this direction would be much better served and a most desirable addition to the hospital would

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

be provided. An appropriation of \$3,500 would enable us to provide a suitable addition and would, I am sure, prove to be of the utmost value.

New Furnishings and Renewals to Furniture

For several years past but little has been done in the way of replacing worn out furniture and adding new for the comfort of the patients and employees. The wards have, therefore, become shabby, and in many instances cheerless. Everyone familiar with the work appreciates the good effect of cheerful surroundings upon both patients and employees. We need pictures, carpets, rugs, chairs, settees, tables, etc., and an appropriation of \$5,000 would be none too much to spend in refurnishing and decorating our numerous wards.

Musical Instruments

Several of the wards should be supplied with pianos and a street piano would be of considerable service around the central group and cottages. A pianola would be also of great use. An appropriation of \$1,500 is, therefore, asked for for the purchase of musical instruments.

Porch and Sun Room for Ward 11

The corridor of ward 11, which will be used as a day room for about 60 patients when the old amusement hall is turned into a dormitory, should be provided with a large sun room and porch where the old and feeble women who will occupy the building could find the sunlight and fresh air which is so necessary to the comfort and happiness of those to whom work and long walks are impossible. An appropriation of \$3,200 would be sufficient to make the necessary additions.

Recreation Room for Women

The rooms in the basement of the south wing which were recently occupied by employees are now vacant. They are suitably located for a recreation room for women and such a room would be of great benefit in inclement weather when the women patients can not get out of doors. About \$800 would put them in suitable condition.

Bowling Alley and Billiard Room

The upper part of the vegetable cellar, which is immediately back of the stage of our new amusement hall, is admirably located for a bowling alley and billiard room. This addition to our amuse-

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

ments would be of great benefit both to patients and employees. The alley which we now have in the basement of the main building could then be used exclusively for the women patients. About \$1,500 would be required to ceil and floor the room and to provide the necessary equipment.

Entrance Stairway to Reception Wards

All new patients are taken to the side doors in the court and thence up an inside stairway to the offices of the supervisors on the respective sides of the house. The stairway is narrow and winding, and must give a very unpleasant impression to new cases. An ornamental outside stairway could be erected, and by cutting down a window on each side, pleasant and easy access to the main corridor could be obtained. As this improvement would cost only about \$300, and be of such great use it is recommended that this amount be granted.

Repairing Base, North Wing

Many of the baseboards in the north wing are in very bad condition on account of the shrinking of the wood. The upright pieces have been drawn out of the shoes so that the walls are exposed for an inch or more. The base in the main halls and large dormitories was repaired three years ago, as was also that in the dining-rooms, but the single rooms were not attended to. An allowance equal to that of three years ago, which was about \$600, will be required to do all the work that should be done.

Placing Four Doors Between Dining-room, North Wing, and Fire-proof Stairway

The placing of four doors, as above indicated, would provide an excellent escape in case of fire, and besides would add to the convenience of administration, by permitting entrance to any of the dining-rooms, without going through the wards. The cost would be about \$75 for each floor, or \$300 in all.

Steel Ceilings

Three of the wards in the main building are unprovided with steel ceilings. As the plaster ceilings are old and cracked, the application of steel ceilings would be advisable. The total cost would be about \$1,000.

SEVENTEENTH ANNUAL REPORT OF THE
HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Sun Rooms, Wards 3 and 7

The new sun rooms on wards 4 and 8 have been found so useful that an allowance of \$3,200 is asked for, for the purpose of erecting two of a similar character on wards 3 and 7. These wards are filled with noisy and disturbed patients and now have nearly three times as many patients as they were originally intended to accommodate. The day rooms are therefore greatly crowded, and should be increased by the addition of sun rooms, as has already been done in the adjoining wards. These rooms would add greatly to the comfort of the patients and would do a great deal to overcome the trouble arising from the overcrowding of disturbed patients, which can not now be prevented.

Fan for Main Kitchen

The main kitchen, where food for more than 1,200 patients is prepared, is so poorly ventilated that at times it is impossible to see more than a dozen feet on account of the vapor arising from the steam kettles. We have been unsuccessful in carrying off the vapor by pipes and it is the opinion of those best informed that nothing but an exhaust fan will do it. A 48 inch-fan with speed-regulating rheostat would cost \$360.

Railroad Station

Our present railroad station is merely an end of a coal shed, and besides being too small it is badly located. It is so placed that all trains stopping at it block the roadway, thus causing considerable inconvenience to those who have occasion to drive across the track. But the most serious thing is the fact that walking parties of patients are obliged to cross at this point and are often in danger of being injured by passing trains. A small station which could be built for about \$1,000, placed on the south side of the new bakery, would overcome the above-mentioned objections, and it is hoped that that amount may be set aside for this purpose.

Making Old Amusement Hall Suitable for Patients

Quite a number of changes will have to be made in the old amusement hall before it can be used for patients. About \$3,000 will be required to put it in suitable condition.

Painting, Inside and Outside

There is nothing which adds to the life of a building so much as paint. Even old buildings and dilapidated wards may be made

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

pleasant and cheerful by its judicious use. It is therefore wise to keep the buildings well painted both inside and outside. In order to do all that should be done in the interests of economy and appearances, an expenditure of nearly \$7,500 will be necessary, divided as follows:

All the wards, day rooms, etc., north wing.	\$3,108 75	
All the sleeping-rooms, north wing.	1,974 00	
All the dining-rooms in main building. . . .	839 25	
	<hr/>	\$5,922 00
Verandas at the eight cottages at \$50 each	\$400 00	
863 windows, including north and east side of central group, all cottage windows and all windows of kitchen, chapel and rear buildings of the main group, at 80 cents each.	690 40	
248 windows, north wing, at 90 cents each	223 20	
Painting boiler-house at cottages.	240 00	
	<hr/>	1,553 60
		<hr/>
		<u>\$7,475 60</u>

ENGINEERING DEPARTMENT

The following is the report of the chief engineer in regard to the needs of his department:

OCTOBER 1, 1905

DR. CHAS. W. PILGRIM, *Superintendent Hudson River State Hospital:*

Dear Sir—The following is my report for the coming year:

I would respectfully call your attention to the item of \$6,000 for extension of water main to the cottages. The supply of water at that department is very poor and at times unfit for use. There are constant complaints by property owners north of the lake with reference to flooding their lands, and for this reason I would respectfully recommend that this line be put in. All the other items are just as necessary, but the foregoing item has not been asked for in our regular report, and for that reason I would make it a matter of specialization.

Mr. Miller informs me that with the \$10,000 allowed he will install 1 H. T. high-pressure steam boiler at the Hudson river pumping station, 3 H. T. high-pressure steam boilers at the main group boiler-house, and 6 C. I. low-pressure steam boilers at the cottages. If this is to be done, we will then need six new boilers in order that we may make our plants safe—1 H. T. high-pressure steam boiler at the

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Hudson river pumping station and 5 H. T. high-pressure steam boilers at the central group boiler-house. We will also need one portable high-pressure steam boiler.

All items, including the above, are in general the same as last year:

1 H. T. high-pressure steam boiler for the Hudson river pumping station.....	\$2,000 00
5 H. T. high-pressure steam boilers for central group boiler-house.....	10,000 00
Re-arrangement of heating system, north wing.....	1,500 00
Improvement to Shone sewage system.....	1,500 00
Re-arrangement of heating system, south wing.....	2,000 00
1 new triple-expansion pumping engine, 1,000,000 U. S. gallons in 24 hours.....	6,000 00
1 portable steam boiler and engine.....	1,100 00
Duct from laundry block to shops.....	2,500 00
Re-arrangement and improvements to coal storage at main building and central group boiler-houses.....	5,000 00
Extension of water main, 8-inch, from central group to cottages.....	6,000 00
	<hr/>
	\$37,600 00
	<hr/>

Respectfully submitted

LOUIS J. COBEY

Chief Engineer

REQUIREMENTS FOR THE ELECTRICAL DEPARTMENT, 1906

Telephone Cables

The telephone cable at the cottage department can not be made to do service through another year and new cable should be provided. It will be necessary to increase the size of the telephone cable between the mattress shop and the laundry; to provide fire-alarm and telephone connections in the new amusement hall as there are no extra wires in the present cable. It is suggested that this cable be extended to the telephone booth, using a 35-pair cable from the telephone booth to the north wing, 25-pair from the north wing to the laundry, and 15-pair from the laundry to the mattress shop. This will provide for such new telephones as may be added to the system during the life of the cable. Six hundred and fifty dollars would make the above changes and additions.

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Underground System Between Electric Light Station and Laundry

This system is installed in creosote duct and the lead sheath is nearly eaten owing to the action of the creosote on the lead. It is necessary that this be renewed during the coming summer as it can not be made to last another year. It is suggested that all new material be used in this work and that the new cables be installed in a vitrified conduit, the creosote duct being discarded. The cables sold as scrap—which would be advisable—would bring about \$3 000 at the present price of copper. This work will require \$7,500 less \$3,000 for old cable sold as scrap, making the necessary appropriation for this work \$4,500.

Street Lights

The cable which now carries the current to the lights along the front drive and entrance to the grounds is old and in poor condition, the lead sheath being eaten away in many places by electrolysis as it is simply buried in the ground. New poles and cable should also be provided for the drive past the superintendent's residence to the staff house. It would be advisable to place the new cable in bituminized fiber conduit, which would prevent electrolysis, and to facilitate repairs a concrete hand-hole with cast-iron cover should be provided at the foot of each pole and 1½ inch pipe run from the hand-hole into the base of the pole. Repairs can then be made without tearing up the cable for a considerable distance and the added length of life of the cable will pay for the cost of the conduit and hand-holes. These changes will require about \$1,100.

The total amount required in the electrical department will, therefore, be:

Telephone cables and repairs to cables.....	\$650 00
Underground system between electric light station and laundry.....	\$7,500
Less receipts for old cable sold as scrap....	3,000
	<hr/> 4,500 00
Street lights, etc.....	1,100 00
	<hr/> <hr/> \$6,250 00

PLUMBING

An appropriation for the renewal of plumbing in the south wing was allowed last year but still more will be required to do the work which is absolutely necessary in other parts of the hospital. The

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

changes which should be made in the administration building and the south wing will require an expenditure of about \$6,000.

FIRE PROTECTION

The allowance made last year for a fire-alarm system has placed the hospital in a much safer condition, but we still need additional equipment and also a hose house. Probably \$3,000 will be required for equipment and \$5,000 for a hose house.

DAY ROOMS, CENTRAL GROUP

The day rooms at the central group in the wards occupied by women are too small to accommodate the number of patients and additions similar to those made a couple of years ago on the men's side should be erected. The cost for these extensions would be about \$1,500.

CLOTHES ROOMS, INFIRMARY

The clothes rooms in the infirmary D are much too small to provide room for the clothing of the occupants of the ward. The present rooms could be easily enlarged by an addition to the west, and an appropriation of \$1,000 is asked for this much-needed addition.

EXTENSION TO D AND E KITCHEN

The kitchen for the infirmary and men's wards known as D and E, has long been too small for the work required. The new extension for 80 patients will add to the difficulties under which we now labor and an addition should at once be made. The building of the addition with the new equipment required will cost about \$2,500.

DAY ROOM, E

The ward for disturbed patients known as the E ward has a very small and unattractive day room. No one can question the utility of large day rooms for this class of patients, and I would suggest that the present small ones be used as dormitories and two much larger ones be erected in the rear. This would take the noise to a point where it would disturb no one and would provide for eight or 10 more patients. Four thousand dollars would be required for the work and, when its advantages are considered, I feel justified in strongly urging the appropriation of this amount.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

RENOVATION OF WARDS 21 AND 22

Partial renovation of these wards was made last year, but the day rooms still need new floors and new trim for the doors and windows. An allowance of \$2,000 will be necessary to complete the work.

NEW FLOOR AND BASE IN KITCHEN AT CENTRAL GROUP

A new floor and base have been recently put in the large dining-room, and a similar improvement should be made in the kitchen. The cost would be about \$1,200.

SUMMER HOUSE FOR DISTURBED AND DANGEROUS MEN

The grounds back of the wards occupied by disturbed and dangerous men were graded two years ago, and should now be provided with a plain summer house, at a cost of about \$600.

ADDITION TO NURSES' HOME

The wards at the central group could be relieved of about 50 attendants by the erection of a nurses' home. An addition to the present home to accommodate about 30 could be made for about \$12,000. A new building for 50 would probably cost \$25,000 or \$30,000.

REPAIRS TO COTTAGES

Two of the cottages will be put in excellent condition this year for the \$5,000 appropriated last year and if a like amount could be obtained this year, two more could be put in thorough repair. The cottages were poorly built originally and have gone to decay in many respects during the past few years, so that at least \$2,500 must be expended on each to provide for the necessary repairs. By thoroughly renovating two a year, all will soon be in good condition, and that course I would strongly recommend.

FIRE-ESCAPES, COTTAGES

There is no suitable provision for escape from the second story of the cottages in case of fire. There is a central fire-proof stairway, but in case of a large fire near it, those occupying the large dormitories at the extreme ends of the buildings would be completely cut off. Outside stairways are being provided in the two additions now being erected at cottages 4 and 5, and I think satisfactory escapes

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

could be put on the other cottages for about \$800 each. As there will be six unprovided for, an allowance of about \$5,000 will be necessary.

STRENGTHENING FALKILL DAM

The dam at the Falkill pond needs extensive repairs in order to put it in safe condition. An estimate furnished by the engineer under whose supervision the dam was built, calls for an expenditure of \$3,000 for stone and earth foundations.

ENLARGING COAL SHED

The coal shed at the Falkill boiler-house should be enlarged so that a larger supply could be stored, thus making it unnecessary to cart coal there throughout the entire year; \$1,000 will be sufficient for that purpose.

NEW BOILERS AT COTTAGES

Six of the cottages should be provided with new boilers, as those now in use are practically worn out. Each will cost \$500, making a total of \$3,000.

FENCE

For several years past we have called attention in each annual report to the necessity of fencing off the grounds from the public highways. Even the front grounds have no fence of any kind for a considerable distance to separate them from the highway and that portion of the old picket fence which is left standing is in a very dilapidated condition. The cottage grounds are similarly open to the public. Something should be done to overcome these conditions and an apportionment of \$2,500 is asked for.

ROADS

The advantage of good roads to an institution where the buildings are as widely separated as they are with us can not be overestimated. The greater part of our roads have been put in good condition but as they have received but little attention during the past few years, they are beginning to show the effects of wear and should be put in shape before they disintegrate much more. We should also make a new road to the electric-light station and another from the main building to the north entrance. We should also be provided with a heavy horse roller to be used when the roads are repaired or covered with gravel. Two thousand dollars could be well expended in this work.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

WALKS

The comfort of the patients would be much increased if suitable walks were provided where they could find exercise when the ordinary roads and paths are too muddy for use. A walk should also be provided from the main sidewalk to the staff house. One thousand dollars for the work would be of great advantage and that amount is asked for.

FLAG STAFF

It would seem that a State institution like ours should be provided with a flag staff near the front of the main building where the flag could float during every pleasant day of the year. At present we have only a small pole on the roof which is so inaccessible that we only put the flag up on state occasions. A steel staff could be purchased for about \$325.

HENNERY

A hennery would be a very useful addition to our plant. About \$850 will be required to do this work, divided as follows:

Workhouse and incubator.....	\$272 60
Five sections for 15 hens each, at \$85.90.....	429 50
Wire fence.....	150 00
	<hr/>
	\$852 10
	<hr/> <hr/>

RECAPITULATION

Reception hospital.....	\$80,000 00
Bech farm.....	20,000 00
Laundry equipment.....	6,000 00
Library building.....	3,500 00
Furnishings and renewals.....	5,000 00
Musical instruments.....	1,500 00
Porch and sun room for ward 11.....	3,200 00
Recreation room for women.....	800 00
Bowling alley and billiard room.....	1,500 00
Entrance stairways to reception wards.....	300 00
Repairs to base, north wing.....	600 00
Doors between dining-rooms and stairway, north wing.....	300 00
Steel ceilings.....	1,000 00
Sun rooms, wards 3 and 7.....	3,200 00
Fan for main kitchen.....	360 00

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Railroad station.....	\$1,000 00
Changes for old amusement hall.....	3,000 00
Painting, inside and outside.....	7,500 00
Engineering department.....	37,600 00
Electrical department.....	6,250 00
Plumbing.....	6,000 00
Fire protection.....	8,000 00
Day rooms, central group.....	1,500 00
Clothes rooms, infirmary.....	1,000 00
Extension to kitchen, central group.....	2,500 00
Day room, ward E.....	4,000 00
Renovation of wards 21 and 22.....	2,000 00
New floor in main kitchen, central group.....	1,200 00
Summer house for disturbed men.....	600 00
Addition to nurses' home.....	12,000 00
Repairs to cottages.....	5,000 00
Fire-escapes at cottages.....	5,000 00
Strengthening Falkill dam.....	3,000 00
Enlarging coal shed, cottages.....	1,000 00
New boilers at cottages.....	3,000 00
Fences.....	2,500 00
Roads and horse roller.....	2,000 00
Walks.....	1,000 00
Flag staff.....	325 00
Hennery.....	852 10
Total.....	<u>\$245,087 10</u>

ACKNOWLEDGMENTS

We are indebted for assistance during the year to the choirs of the Second Reformed, St. Paul's Episcopal, German M. E., German Lutheran, St. John's Lutheran and Trinity M. E. churches and of Christ church, and to the children of the Washington Street M. E. Sunday school. Also to the Poughkeepsie Y. M. C. A. for one of the most successful field days ever held here, and the St. Mary's church for a very excellent minstrel entertainment.

For books, magazines, periodicals and newspapers we are indebted to Miss Catherine A. Newbold, the Hospital Book and Newspaper Society, Rev. Wm. Bancroft Hill, Miss Mary H. Stirling, Dr. S. F. Mellen and several others whose names were not given. We owe our thanks also to a friend of the hospital for a generous donation

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

of \$50 with which to purchase Christmas presents for friendless patients.

RELIGIOUS SERVICES

The wish, so often expressed, that a suitable chapel for religious services could be provided, is about to be partially fulfilled. Father Casey, of St. Andrew's, has succeeded in obtaining funds for the erection of a chapel which will seat about 200 patients. This building is now being put up between cottages 4 and 5, and will be used for the patients and employees in that department. As services have been held heretofore under very unfavorable conditions in the sitting-rooms of the cottages, the completion of this little chapel will be a source of great comfort to both priest and parishioners. Our other departments are still unprovided for, but it is hoped that some means may be found in the near future to provide a suitable place of worship for all.

Religious services were held as usual throughout the year. Frequent visits were also made to the sick and the last rites were administered to the dying. Our thanks are due to the good men who so willingly respond to every call made upon them.

VISITATIONS

The usual visits were made by the Commission in Lunacy, the representatives of the State Charities Aid Association, and by the hospital managers. Dr. Russell, the medical inspector, also made frequent visits and careful inspections.

CONCLUSION

In closing this report it is a pleasure to express my appreciation of the zealous manner in which both officers and employees have performed the many trying tasks assigned to them, and I would fall short of fulfilling my duty should I fail to make special acknowledgment to the State Commission in Lunacy and to your board for advice, assistance and encouragement.

Respectfully submitted.

CHAS. W. PILGRIM

Medical superintendent

October 30, 1905.

SEVENTEENTH ANNUAL REPORT OF THE
HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT
STATISTICAL TABLES

TABLE No. I

Showing movement of population for the year ending September 30, 1904

	Men	Women	Total
Remaining October 1, 1904.....	1,043	1,158	2,201
Admitted during year ending Sept. 30, 1905			
On original commitments:			
From residences.....	279	223	502
From county houses.....	4	8	12
By transfers from other institutions for insane.....	11	12	23
Total number under treatment during year	1,337	1,401	2,738
Daily average population.....	1,082	1,182	2,264
Capacity of institution.....	990	1,045	2,035
Discharged during the year:			
As recovered.....	38	43	81
As improved.....	53	24	77
As unimproved.....	22	17	39
As not insane.....	10	11	21
Died.....	114	114	228
Whole number discharged during the year....	237	204	446
Remaining October 1, 1905.....	1,100	1,192	2,292

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TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	1871
Total acreage of grounds and buildings.....	812
Value of real estate, including buildings.....	\$2,486,048 99
Value of personal property.....	250,552 12
Acreage under cultivation.....	422

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$6,553 93
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	432,035 48
From private patients.....	10,195 92
From reimbursing patients.....	17,504 51
From all other sources.....	1,571,24

Total receipts for maintenance.....	\$467,861 08
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Total receipts from State Commission in Lunacy for extraordinary improvements (chapter 635, Laws of 1904).....	\$81,624 51
Total receipts from chapter 700, Laws of 1904.....	7,635 33

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$19,162 48
Estimate No. 2. For wages.....	162,879 23
Estimate No. 3. For provisions and stores.....	137,663 11
Estimate No. 4. For ordinary repairs.....	7,758 31
Estimate No. 5. For farm and grounds.....	9,571 98
Estimate No. 6. For clothing.....	15,789 58
Estimate No. 7. For furniture and bedding.....	11,291 91
Estimate No. 8. For books and stationery.....	2,261 34
Estimate No. 9. For fuel and light.....	50,634 58
Estimate No. 10. For medical supplies.....	2,670 48
Estimate No. 11. For miscellaneous expenses.....	11,551 23
Estimate No. 12. For transportation.....	4,900 65

Total disbursements, estimates 1 to 12 inclusive	\$436,134 88
Material for which hospital is reimbursed.....	757 95
Remitted to State treasurer sundry receipts (chapter 584, Laws of 1899, amended by chapter 326, Laws of 1900).....	27,922 24

	\$464,815 07
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HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy (chapter 634, Laws of 1904, and chapter 700, Laws of 1905).....	\$81,624 51
Total disbursements during year, manufacturing fund	7,426 25
<hr/>	
Balances October 1, 1905:	
General maintenance fund.....	\$3,046 01
Apportionments by State Commission in Lunacy for extraordinary improvements (chapter 700, Laws of 1905)—wages.....	209 08
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3 69
<hr/>	
Maximum rate of wages paid attendants:	
Men.....	42 25
Women.....	36 00
<hr/>	
Minimum rate of wages paid attendants:	
Men.....	22 00
Women.....	16 00
<hr/>	
Proportion of day attendants to average daily population.....	1 to 10
Proportion of night attendants to average daily population.....	1 to 61
Percentage of daily patient population engaged in some kind of useful occupation.....	63
<hr/>	
Estimated value of farm and garden products during year.....	\$24,327 50
Estimated value of articles made or manufactured by patients during year.....	35,992 60
<hr/>	

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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	10	6	16	.....	.....	.....	.....
Mental strain, worry and overwork (not included in above).....	27	37	64	.....	.....	.....	.....
Religious excitement.....	1	1	2	.....	.....	.....	.....
Love affairs (including seduction).....	.....	2	2	.....	.....	.....	.....
Physical:							
Intemperance.....	90	21	111	26	11	37	20
Sexual excess.....	.....	1	1	.....	.....	.....	.....
Venereal diseases.....	35	12	47	1	.....	1	.....
Masturbation.....	5	2	7	.....	.....	.....	.....
Sunstroke.....	3	.....	3	.....	.....	.....	.....
Accident or injury.....	2	1	3	.....	.....	.....	.....
Parturition and puerperium.....	.....	1	1	.....	.....	.....	.....
Change of life.....	.....	24	24	.....	4	4	6
Fevers.....	.....	1	1	.....	.....	.....	.....
Privation and overwork.....	.....	13	13	.....	.....	.....	.....
Epilepsy.....	5	4	9	2	1	3	2
Diseases of skull and brain.....	5	1	6	2	1	3	2
Old age.....	51	50	101	3	2	5	3
Exophthalmic goitre.....	.....	1	1	.....	.....	.....	.....
Epidemic influenza.....	.....	2	2	.....	.....	.....	.....
Abuse of drugs.....	4	.....	4	.....	.....	.....	.....
Loss of special sense.....	1	.....	1	.....	.....	.....	.....
Uræmic poisoning.....	1	.....	1	.....	.....	.....	.....
All other bodily disorders ill health.....	2	8	10	.....	.....	.....	.....
Hereditary.....	23	33	56	84	99	183	40
Congenital defect.....	9	6	15	9	6	15	.....
Unascertained.....	10	5	15	24	16	40
Not insane.....	10	11	21
Total.....	294	243	537	151	140	291	73

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TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	83	31	6
General paralysis.....	51	.....	35
Senile insanity.....	106	.....	92
Epilepsy with insanity.....	9	.....	8
Imbecility, idiocy with insanity.....	29	2	5
Other psychoses.....	239	48	82
Not insane*.....	20	.....	.....
Total.....	537	81	228

* Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

OFFICE OF
DEPT. OF EXCISE
State of New York
537

STATE COMMISSION IN LUNACY

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6
Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	10	9	19	1	.....	1	356	261	617	34	21	55
One to three months.....	10	16	26	8	2	10	249	233	482	199	103	302
Three to six months.....	6	8	14	12	13	25	133	145	278	327	280	607
Six to nine months.....	4	3	7	10	8	18	84	72	156	194	185	379
Nine months to one year.....	1	2	3	1	6	7	41	39	80	81	103	184
One year to eighteen months.....	2	2	4	2	8	10	41	39	80	106	103	209
Eighteen months to two years.....	4	2	6	2	1	3	18	21	39	26	33	59
Two to three years.....	1	1	2	2	3	5	24	21	45	33	32	65
Three to four years.....	.....	.....	.....	.....	2	2	7	9	16	18	14	32
Four to five years.....	.....	.....	.....	.....	.....	.....	5	5	10	4	4	8
Five to ten years.....	.....	.....	.....	.....	.....	.....	11	8	19	1	1	2
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	2	4	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....	52	24	76	.....	.....	.....
Total.....	38	43	81	38	43	81	1,023	879	1,902	1,023	879	1,902

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	1		1	17	8	25
Scarlet fever.....				1		1
Influenza.....				13	15	28
Erysipelas.....	1		1	7	14	21
Septicemia and pyemia..	1		1	5	3	8
Dysentery.....				8	18	26
Malarial affections.....					3	3
Syphilis.....					5	5
Tuberculosis.....	20	17	37	180	162	342
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....					1	1
Scurvy, purpura and haemophilia.....				1		1
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....					1	1
Diseases of the stomach.....		2	2	3	7	10
Diseases of the intestines.....	6	4	10	25	80	105
Diseases of the liver.....				6	6	12
Diseases of the peritoneum.....		3	3	5	7	12
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi.....		3	3	3	7	10
Diseases of the lungs.....	7	13	20	134	107	241
Diseases of the pleura.....				2	2	4
Diseases of the circulatory system:						
Diseases of the pericardium.....				1	1	2
Diseases of the heart.....	10	17	27	118	141	259
Arterio-sclerosis.....				15	19	34
Aneurism.....				2	2	4

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Hodgkin's disease, Addi- son's disease and myx- œdema.....				1	1	2
Diseases of the genito- urinary system.....	2	1	3	29	28	57
Diseases of the ner- vous system:						
Diseases of the nerves....		1	1		2	2
Diseases of the spinal cord.	1		1	2	4	6
Diseases of the meninges.	1		1	14	11	25
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	6	10	16	69	101	170
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia).....				1		1
Epilepsy.....	1	2	3	45	30	75
Mental diseases:						
Exhaustion of acute mental disease.....	2	1	3	21	41	62
Exhaustion of chronic mental disease.....	14	7	21	172	144	316
General paralysis of the insane.....	28	7	35	329	60	389
The intoxications; heat-stroke; obes- ity:						
Opium habit.....				1	1	2
Heat-stroke.....				3		3
Debility of old age.....	12	23	35	153	178	331
Accident.....	1	1	2	4	3	7
Suicide.....				9	3	12
Surgical and gynecologi- cal diseases and dis- eases of the skin.....					6	6
Malignant new growths or cancer.....		2	2	6	17	23
Total.....	114	114	228	1,406	1,239	2,645

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	41	32	73	389	332	721
Maternal branch.....	26	27	53	383	474	857
Paternal and maternal branches.....	5	7	12	131	158	289
Collateral branches.....	21	39	60	383	430	813
No hereditary tendency.	177	122	299	1,486	1,405	2,891
Unascertained.....	24	16	40	1,815	1,481	3,296
Total.....	294	243	537	4,587	4,280	8,867

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	127	103	230	2,225	1,576	3,801
Married.....	140	83	223	1,906	1,782	3,688
Widowed.....	23	51	74	383	846	1,229
Divorced.....	4	6	10	30	32	62
Unascertained.....	.....	.....	.....	43	44	87
Total.....	294	243	537	4,587	4,280	8,867

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	9	2	11	115	19	134
Academic.....	8	20	28	190	187	377
Common school.....	243	157	400	3,247	2,945	6,192
Read and write.....	8	27	35	230	87	317
Read only.....	7	12	19	214	334	548
No education.....	19	25	44	388	432	820
Unascertained.....	.....	.....	.....	203	276	479
Total.....	294	243	537	4,587	4,280	8,867

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....	.....	.....	.....	.....	1	1
From 10 to 15 years.....	1	.....	1	12	11	23
From 15 to 20 years.....	6	5	11	151	121	272
From 20 to 25 years.....	22	22	44	350	302	652
From 25 to 30 years.....	28	28	56	532	448	980
From 30 to 35 years.....	29	23	52	557	469	1,026
From 35 to 40 years.....	48	22	70	587	459	1,046
From 40 to 50 years.....	55	54	109	958	898	1,856
From 50 to 60 years.....	44	37	81	679	689	1,368
From 60 to 70 years.....	36	29	65	415	478	893
From 70 to 80 years.....	22	16	38	285	299	584
From 80 to 90 years.....	3	7	10	55	98	153
Unascertained.....	.....	.....	.....	6	7	13
Total.....	294	243	537	4,587	4,280	8,867

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	4	6	50	42	92
From 20 to 30 years.....	12	12	24	281	249	530
From 30 to 40 years.....	10	10	20	281	257	538
From 40 to 50 years.....	4	11	15	236	185	421
From 50 to 60 years.....	7	5	12	126	116	242
From 60 to 70 years.....	3	1	4	43	26	69
From 70 to 80 years.....	.....	.....	.....	6	4	10
Total.....	38	43	81	1,023	879	1,902

**SEVENTEENTH ANNUAL REPORT OF THE
HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT**

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years.....		1	1	9	9	18
From 20 to 25 years....	5	1	6	38	38	76
From 25 to 30 years....	3	3	6	67	52	119
From 30 to 35 years....	6	9	15	87	73	160
From 35 to 40 years....	11	7	18	126	79	205
From 40 to 50 years....	20	14	34	278	195	473
From 50 to 60 years....	28	22	50	246	212	458
From 60 to 70 years....	24	17	41	247	253	500
From 70 to 80 years....	15	23	38	239	218	457
From 80 to 90 years....	2	15	17	64	96	160
From 90 to 100 years....		2	2	5	14	19
Total.....	114	114	228	1,406	1,239	2,645

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	63	32	95
One to three months.....	31	25	56
Three to six months.....	22	25	47
Six to nine months.....	20	23	43
Nine months to one year.....	17	7	24
One year to eighteen months.....	25	23	48
Eighteen months to two years.....	10	16	26
Two to three years.....	21	21	42
Three to four years.....	16	6	22
Four to five years.....	13	6	19
Five to ten years.....	10	11	21
Ten to fifteen years.....	6	11	17
Fifteen to twenty years.....	4	4	8
Twenty to thirty years.....	4	4	8
Thirty years and upwards.....	3	4	7
Not insane*.....	9	11	20
Unascertained.....	20	14	34
Total.....	294	243	537

* Includes cases of alcoholism, morphia habit, etc.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	25	24	49
One to three months.....	37	26	63
Three to six months.....	38	53	91
Six to nine months.....	37	41	78
Nine months to one year.....	43	32	75
One year to eighteen months.....	56	56	112
Eighteen months to two years.....	43	59	120
Two to three years.....	75	102	177
Three to four years.....	72	90	162
Four to five years.....	71	83	154
Five to ten years.....	261	377	638
Ten to fifteen years.....	220	191	411
Fifteen to twenty years.....	102	48	150
Twenty to thirty years.....	17	10	27
Thirty years and upwards.....	3	.....	3
Total.....	1,100	1,192	2,292

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	15	.....	15	178	.....	178
Commercial: Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	47	.....	47	670	.....	670
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc.....	27	.....	27	584	.....	584
Mechanics, at out- door vocations: Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc...	50	.....	50	755	.....	755
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	11	.....	11	496	.....	496
Domestic service: Waiters, cooks, servants, etc.....	10	73	83	112	1,442	1,554
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	96	96	30	2,069	2,099
Commercial: Shopkeepers, sales- women, stenographers, typewriters, etc.....	.....	4	4	.....	63	63

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		26	26	.....	380	380
Miners, seamen, etc.....	2	.....	2	15	.....	15
Prostitutes.....		1	1	.....	5	5
Laborers.....	119	.....	119	1,479	.....	1,479
No occupation.....	11	43	54	231	275	506
Unascertained.....	2	.....	2	37	46	83
Total.....	294	243	537	4,587	4,280	8,867

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Africa.....				1		1
Armenia.....		1	1	1	1	2
Austria.....	5	5	10	36	22	58
Bavaria.....				1	1	2
Bahama Islands.....				1		1
Bohemia.....				5	2	7
Belgium.....				2		2
Canada.....	4	4	8	72	73	145
Cuba.....				1	6	7
Denmark.....	1	1	2	10	13	23
England.....	7	8	15	136	100	236
Finland.....	1		1	2	5	7
France.....	2	2	4	24	18	42
Germany.....	10	12	22	308	356	664
Greece.....				3		3
Holland.....				7	4	11
Hungary.....				19	13	32
Ireland.....	39	42	81	637	1,028	1,665
Italy.....	7	1	8	48	23	71
India.....	1		1	2	1	3
Japan.....				2		2
Mexico.....	1		1	2		2
Norway.....				7	3	10
New Brunswick.....				1	3	4
Nova Scotia.....				3	3	6
Philippine Islands.....				1		1
Poland.....		2	2	25	19	44
Russia.....	3		3	43	24	67
Scotland.....	1	2	3	35	34	69
Sweden.....	1		1	16	32	48
Switzerland.....				17	14	31
Wales.....				9	8	17
West Indies.....		1	1	5	1	6
United States.....	211	162	373	3,029	2,399	5,428
Unascertained.....				76	74	150
	294	243	537	4,587	4,280	8,867

Of the total number admitted since the 1st of October, 1888, the parents of 53.42 per cent were both of foreign birth.

In 4 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.63 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....	112	2	114
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....	30		30
Cortland.....			
Delaware.....			
Dutchess.....	115	6	121
Erie.....	1		1
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....	13	1	14
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	1		1
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	9	3	12
Niagara.....			
Oneida.....			
Onondaga.....	1		1
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....	9		9
Queens.....			
Rensselaer.....	96	1	97
Richmond.....			
Rockland.....			
St. Lawrence.....			

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TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....	1	1
Schenectady.....	1	1
Schoharie.....	.....	.....	.....
Schuyler.....	.....	.....	.....
Seneca.....	.....	.....	.....
Steuben.....	1	.....	1
Suffolk.....	.....	.....	.....
Sullivan.....	.....	.....	.....
Tioga.....	.....	.....	.....
Tompkins.....	.....	.....	.....
Ulster.....	3	.....	3
Warren.....	.....	.....	.....
Washington.....	18	.....	18
Wayne.....	.....	.....	.....
Westchester.....	110	3	113
Wyoming.....	.....	.....	.....
Yates.....	.....	.....	.....
Soldiers' Home.....	.....	.....	.....
• Total.....	521	16	537

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	193	246	439	2	3	5
Allegany.....						
Broome.....	1		1			
Cattaraugus.....						
Cayuga.....						
Chautauqua.....						
Chemung.....				1		1
Chenango.....						
Clinton.....	2		2			
Columbia.....	53	50	103	1	1	2
Cortland.....						
Delaware.....		1	1			
Dutchess.....	186	168	354	5	3	8
Erie.....	1		1			
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....						
Greene.....	38	31	69		1	1
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	4	3	7	1	1	2
Lewis.....						
Livingston.....						
Madison.....						
Monroe.....						
Montgomery.....						
New York.....	11	127	138	2	3	5
Niagara.....						
Oneida.....						
Onondaga.....		2	2			
Ontario.....						
Orange.....	1	4	5			
Orleans.....						
Oswego.....						
Otsego.....						
Putnam.....	25	21	46	1		1
Queens.....	24	14	38			
Rensselaer.....	204	204	408		1	1
Richmond.....	32	10	42			
Rockland.....	1		1			

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
St. Lawrence.....						
Saratoga.....	2	4	6			
Schenectady.....						
Schoharie.....	1		1			
Schuyler.....						
Seneca.....						
Steuben.....						
Suffolk.....	8	8	16			
Sullivan.....						
Tioga.....						
Tompkins.....						
Ulster.....	26	23	49		1	1
Warren.....						
Washington.....	32	31	63			
Wayne.....						
Westchester.....	240	225	465	1	10	11
Wyoming.....						
Yates.....						
Unascertained.....						
Total.....	1,085	1,172	2,257	14	24	38

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

REPORT OF THE STEWARD

To the Medical Superintendent:

The following report of farm and garden products and farm stock on hand for the year ending September 30, 1905, is respectfully submitted:

FARM AND GARDEN PRODUCTS

Asparagus, bunches.....	2,823
Beets, bunches.....	3,125
Beets, bushels.....	1,199
Beet greens, bushels.....	10
Beans, lima, bushels.....	257
Beans, string, bushels.....	1,069½
Cucumbers, bushels.....	1,198
Cucumber pickles.....	63,030
Corn, sweet, ears.....	88,102
Cabbage, pounds.....	355,940½
Celery, heads.....	19,581
Cauliflower, heads.....	395
Carrots, bushels.....	972½
Egg plant, pounds.....	689
Horse radish, bunches.....	460
Lettuce, bushels.....	933
Mint, bunches.....	280
Onions, early, bunches.....	26,910
Onions, late, bushels.....	379
Parsley, bushels.....	10
Parsley, bunches.....	10,808
Peppers, red, bushels.....	192½
Parsnips, bushels.....	459
Peas, bushels.....	876½
Pumpkins, pounds.....	300
Rhubarb, pounds.....	5,350
Rhubarb, bunches.....	100
Radish, bunches.....	10,109
Radish, bushels.....	656
Squash, late, pounds.....	28,680
Salsify, bushels.....	61
Spinach, bushels.....	253

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Swiss chard, bushels.....	1,045
Tomatoes, ripe, bushels.....	6,295
Tomatoes, green, bushels.....	572
Turnips, bushels.....	3,019

FRESH FRUITS

Apples, eating, bushels.....	30
Apples, crab, bushels.....	3
Blackberries, quarts.....	593
Currants, quarts.....	638
Grapes, pounds.....	13,389
Melons, water.....	373
Melons, musk.....	695
Pears, bushels.....	5
Raspberries, quarts.....	351
Strawberries, quarts.....	5,874

MEATS

Calves.....	36
Beef, pounds.....	5,017
Chickens, pounds.....	216
Hides, pounds.....	648
Fat, pounds.....	110

DAIRY PRODUCTS

Eggs, dozens.....	588
Milk, quarts.....	147,520

GRAIN, HAY AND STRAW

Corn, field, bushels.....	10
Oats, bushels.....	500
Corn stalks, tons.....	8
Rye, bushels.....	300
Hay, tons.....	150
Straw, rye, tons.....	12
Straw, oats, tons.....	18
Ensilage, tons.....	500

LIVE STOCK

Horses.....	45
Cows.....	68
Heifers, two-year olds.....	8

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Heifers, one-year olds.....	10
Heifer calves.....	8
Bulls.....	2
Hens.....	110
Pigs.....	15

MAINTENANCE PER CAPITA COST PER WEEK

	Payments	Per capita cost
For officers' salaries.....	\$19,162 48	\$0 16
For wages.....	162,879 23	1 38
For provisions and stores.....	137,663 11	1 17
For ordinary repairs.....	7,758 31	07
For farm and grounds.....	9,571 98	08
For clothing.....	15,789 58	13
For furniture and bedding.....	11,291 91	10
For books and stationery.....	2,261 34	01
For fuel and light.....	50,634 58	43
For medical supplies.....	2,670 48	02
For miscellaneous expenses.....	11,551 23	10
For transportation of patients.....	4,900 65	04
	<hr/>	<hr/>
	\$436,134 88	\$3 69
Materials for which hospital is reimbursed	757 95	
	<hr/>	
Total.....	\$436,892 83	
	<hr/>	<hr/>
Per capita cost for 1905.....		\$3 69

W. R. WRIGHT
Acting steward

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Board of Visitors

Under the provisions of section 31 of the Insanity Law, as amended by chapters 26, 130 and 131 of the Laws of 1902, the Governor appointed the following board of visitors:

- ISAAC W. SHERRILL, Poughkeepsie.
- CATHERINE A. NEWBOLD, Poughkeepsie.
- AUGUSTUS B. GRAY, Poughkeepsie.
- REGINALD W. RIVES, Poughkeepsie.
- GEORGE M. HINE, Poughkeepsie.

As provided in chapter 490, Laws of 1905, the Board of Visitors was discontinued and the Governor appointed the following board of managers:

- ISAAC W. SHERRILL, President, Poughkeepsie.
- REGINALD W. RIVES, Secretary, New Hamburg.
- GEORGE M. HINE, Poughkeepsie.
- CATHERINE A. NEWBOLD, Poughkeepsie.
- MRS. GRACE SCHENCK WARD, Albany.
- WILLIAM D. GRANGER, M.D., Bronxville.
- WILLIAM F. GURLEY, Troy.

Treasurers

NAME	Date of appointment	Expiration of term
James H. Weeks.....	Jan. 29, 1867	Jan. 1, 1882
Richard Kenworthy*.....	Jan. 1, 1882	Feb. —, 1888
Henry W. Gilbert†.....	March, —1898	July 1, 1809
Allison Butts.....	July 1, 1890	March 31, 1902
Chas. W. Pilgrim, M. D.....	April 1, 1902	.....

Attorneys

NAME	Date of appointment	Expiration of term
Henry M. Taylor.....	July 1, 1897	Jan. 15, 1902
James L. Williams.....	Jan. 15, 1902

*Died. †Resigned.

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Superintendents

NAME	Appointed	Resigned
Joseph M. Cleveland, M. D.....	March 28, 1866	March 28, 1903
Charles W. Pilgrim, M. D.....	May 1, 1893	.....

Stewards

NAME	Appointed	Resigned
Robert Roberts*.....	Sept. 8, 1870	Feb. 12, 1885
James M. Morrison.....	May 6, 1885	Aug. 6, 1885
D. Porter Lord.....	Dec. 1, 1885	Aug. 1, 1898
Louis P. Gillespie.....	July 1, 1898	Aug. 15, 1905
(Vacancy).....

*Died.

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Physicians

NAME	Appointed	Resigned
A. O. Kellogg, M. D.....	1871	1884
Charles H. Langdon, M. D.....	1875	1880
J. Leonard Corning, M. D.....	1888	1882
C. H. Langdon, M. D.....	1882	.....
Frederick Peterson, M. D.....	1884	1888
Charles E. Atwood.....	1884	1888
Theo. H. Kellogg, M. D.....	1888	1891
Paul E. Tieman, M. D.....	1889	1890
Francis E. Scratchley, M. D.....	1889	1890
J. Elvin Courtney, M. D.....	1890	1891
John J. Kindred, M. D.....	1890	1891
Ralph W. Parsons, M. D.....	1890	1893
Caroline M. Pease, M. D.....	1890	1894
Selwyn A. Russell, M. D.....	1891	1894
Isham G. Harris, M. D.....	1891	.....
Thomas E. Bamford.....	1893	1904
J. Elvin Courtney, M. D.....	1894	1901
Emma Putnam, M. D.....	1894	.....
Paul A. Phillips, M. D.....	1894	1896
F. A. Williams, M. D.....	1895	1895
H. E. Braight, M. D.....	1895	1897
Frederick J. Mann, M. D.....	1895	1899
J. O. Stranahan, M. D.....	1896	1900
Frederick T. Clark, M. D.....	1897	1900
Clarence J. Slocum, M. D.....	1897	1900
Samuel F. Mellen, M. D.....	1900	.....
John G. Elliott, M. D.*.....	1900	1902
Louis T. Waldo, M. D.....	1900	1901
Edward L. Hanes, M. D.....	1901	1904
Wm. J. Cavanaugh, M. D.....	1902	.....
B. Ross Nairn, M. D.....	1902	1904
Frederick W. Parsons, M. D.....	1903	.....
Mark L. Fleming, M. D.....	1904	.....
Clinton J. Hyde, M. D.....	1904	.....
Elbert D. B. Loughran, M. D.....	1904	.....

*Died.

THIRTY-FIFTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

Middletown State Homeopathic Hospital

AT MIDDLETOWN, N. Y.

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1905

OFFICERS

BOARD OF MANAGERS

		Term expires.
GEORGE B. ADAMS.....	Middletown...	December 31, 1905
SAMUEL E. SHIPP, President....	Newburgh....	December 31, 1906
EMERSON B. LAMBERT, M. D....	Port Jervis....	December 31, 1907
(Vacancy).....	.....	December 31, 1908
(Vacancy).....	.....	December 31, 1909
IRA L. CASE, Secretary.....	Middletown...	December 31, 1910
WILLIAM H. ROGERS.....	Middletown...	December 31, 1911

Attorney

HON. JOHN B. SWEZEY.....Goshen

OFFICERS

MAURICE C. ASHLEY, M. D.....Medical Superintendent
ROBERT C. WOODMAN, M. D.....First Assistant Physician
(Vacancy).....Second Assistant Physician
GEORGE F. BREWSTER, M. D.....Assistant Physician
ROY E. MITCHELL, M. D.....Assistant Physician
ARTHUR S. MOORE, M. D.....Junior Physician
CLARA BARRUS, M. D.....Woman Assistant Physician
HENRY J. LEONARD.....Steward
MRS. LUCY T. JUDSON.....Matron

Medical Internes

HARRY V. BINGHAM, M. D.
(Vacancy.)

Clinical Assistant

NELSON W. THOMPSON, M. D.

Supervisors

WILBER E. COOK	MISS D. W. COMSTOCK
MRS. WILBER E. COOK	MISS IRENE BENJAMIN

REPORT OF MANAGERS

To the State Commission in Lunacy:

Gentlemen—We take pleasure in presenting to your honorable body the 35th annual report of the Middletown State Homeopathic Hospital for the year ending September 30, 1905. The treasurer's report, the superintendent's report, the statistical tables, the bureau of information, and the industrial reports are also incorporated in the report of the managers.

ORGANIZATION

The first meeting of the board was held at the hospital July 10, 1905, when there were present Samuel E. Shipp, of Newburgh, E. B. Lambert, M. D., of Port Jervis, and George B. Adams, Ira L. Case and William H. Rogers of Middletown. The board was organized by electing Samuel E. Shipp president and Ira L. Case secretary.

MEETINGS

The board meets on the second Thursday of each month for the transaction of business and inspection of the hospital buildings.

INSPECTIONS

The hospital has been inspected every month during the year with the exception of June, by the board of visitation or the Board of Managers, and in several instances more than one visit has been made in a single month. The universal neatness which always existed, together with the cleanliness and purity of the atmosphere in all parts of the building, shows that the officers and employes are looking carefully after every detail pertaining to the management of the institution. The inmates also, by their general appearance, furnish evidence of good and kind care and attention.

IMPROVEMENTS

During the year appropriations were made for the following purposes:

For laundry enlargement.....	\$10,000 00
For workshop (new).....	2,500 00
For walks.....	1,000 00
For new furniture.....	1,000 00
For additional radiators.....	1,000 00
For fence.....	500 00

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For the laundry enlargement, plans are being prepared by the State architect. The work will be done by the hospital mechanics, supplemented by such outside help as is necessary.

About one-half of the cement walk has been completed during the year.

The money appropriated for new furniture has been expended to the best possible advantage.

The money for new radiators has been expended for that purpose.

For a detailed list of other improvements made during the year, your attention is invited to the superintendent's and the industrial reports.

OUR NEEDS AND ESTIMATED COST OF SAME

For enlarging the icehouse.....	\$1,000 00
To complete the cement walk.....	1,000 00
For fence on Monhagen avenue, in addition to the \$500 appropriated last winter.....	1,000 00
For enlarging the amusement hall.....	10,000 00
For solariums and sitting-rooms on annexes 1 and 2	20,000 00
For two new boilers to heat chronic building.....	9,000 00
For new carriage house and stable.....	2,500 00
For alterations in present stable to convert it into a workshop.....	1,000 00
For oak floors in Talcott hall.....	1,000 00
For greenhouses.....	4,000 00
For cottage for patients and employees suffering from contagious diseases.....	2,500 00
For rewiring and electric fixtures for annexes 1 and 2 and Talcott hall.....	7,000 00
Total.....	<u>\$60,000 00</u>

For detailed statement concerning these several items, you are respectfully referred to the superintendent's report.

IN MEMORIAM

During the evening of June 21, 1905, Daniel Finn, Esq., last president of the board of visitation of this hospital, was, without the slightest warning, stricken with paralysis while in attendance upon the weekly prayer meeting at the church of which he was a zealous member. He was taken to his home where, after lingering for a few hours in an unconscious state, he passed to his eternal rest during the morning hours of June 22, 1905.

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Mr. Finn had been a member of the board of visitation of this hospital for several years, had served it efficiently and faithfully as secretary, and at the annual meeting in 1904 was unanimously elected to the presidency of the board. Mr. Finn gave freely of his time and energy for the furtherance of the best interests of the institution, and his hand, head and heart were immediately responsive to every call that might reach him from the institution in which he was so earnestly interested. Mr. Finn had received his appointment as a member of the board of managers, and in his decease we have lost a genial associate and valued adviser, and this institution a staunch and faithful friend. May he rest from his labors in the enjoyment of everlasting peace.

CONCLUSION

We desire to express our appreciation of the work which has been performed by the officers and employees of this hospital during the year. The excellent order, efficiency of service, and absence of friction, which are apparent in every department of the institution, are observed with gratifying satisfaction.

Respectfully submitted.

SAMUEL E. SHIPP, *President*
IRA L. CASE, *Secretary*
EMERSON B. LAMBERT, M. D.
WILLIAM H. ROGERS
GEORGE B. ADAMS

REPORT OF THE MEDICAL SUPERINTENDENT

To the Board of Managers:

In compliance with chapter 490 of the Laws of 1905, I have the honor of presenting to you the 35th annual report of the medical superintendent and treasurer of the Middletown State Homeopathic Hospital for the year closing September 30, 1905.

Your attention is respectfully invited to the table following, which shows the movement of the patient population of the hospital for the year:

	Men	Women	Total
Remaining October 1, 1904.....	611	694	1,305
Admitted during the year ending September 30, 1905.....	114	121	235
On original commitments:			
From residences.....	109	113	222
From county houses on original commitments.....	1	3	4
By transfers from other institutions for insane.....	4	5	9
4	5	9	
Total number under treatment during the year.....	725	815	1,540
Daily average population.....	595	692	1,287
Capacity of institution.....	597	625	1,222
<hr/>			
Discharged during the year:			
As recovered.....	48	37	85
As improved.....	26	38	64
As unimproved.....	12	5	17
As not insane.....	6	2	8
Died.....	45	35	80
<hr/>			
Whole number discharged during the year.....	137	117	254
<hr/>			
Remaining October 1, 1905.....	588	698	1,286
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PERCENTAGES

Percentage of recoveries on number admitted.....	36.18
Percentage of recoveries on daily average population..	6.60
Percentage of recoveries on whole number treated.....	5.52
Percentages of recoveries on number discharged.....	33.46
Percentage of deaths on number admitted.....	34.04
Percentage of deaths on daily average population.....	6.22
Percentage of deaths on whole number treated.....	5.19
Percentage of deaths on number discharged.....	31.49

AGES OF THOSE ADMITTED

Of the 235 patients admitted, 75 were more than 50 years of age. Of this number, 40 were past 60, 19 were more than 70, and three were more than 80 years of age.

AGES OF THOSE WHO DIED

Of the 80 patients who died 50 were more than 50 years of age. Of this number, 36 were more than 60, 21 were past 70, and six were past 80 years of age.

RECOVERIES AND DEATHS

We are glad to be able to report that the recovery rate is a little higher this year than last year. 85 patients have been discharged as recovered, and of these 13 had been insane one month, 25 three months, 16 six months, 15 one year, and 16 two years and over.

The average duration of insanity for all cases admitted during the year was four months, which seems to me an unnecessarily long time to be permitted to pass before a patient avails himself of the care and treatment the hospitals of this State afford. It must be obvious that the chances for recovery in many cases are greatly lessened by the lapse of so much time from the onset of a psychosis until treatment is begun; as it is well known that the earlier an individual who is manifesting symptoms of insanity is removed from the source or cause of the disease and placed where he may receive necessary treatment, the better are the chances of successful treatment. Many of those who do not recover can, if properly treated and trained early in their psychosis, before idleness or destructiveness becomes a habit, be helped to remain, or become useful. If the relatives and friends of the insane could realize how much better the facilities are for caring for and treating these patients in a State hospital than in the vast majority of homes, I believe they would seek admission for their mentally afflicted ones much earlier than they now do.

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The number of patients discharged as improved is 64 as against 49 for the previous year. Many of these patients were sufficiently improved to be able to return to their homes and engage in their usual vocations. Several of them may properly be said to have recovered with defect, but we have considered it only proper to discharge those patients as recovered in whom we could no longer discover evidences of a psychosis, and have discharged all cases that manifested in the slightest degree remnants of mental disease as improved only.

The death rate is a little lower than last year. 80 patients died during the year. Of this number 50 had been under treatment in the hospital more than two years, 46 more than three years, 40 more than four years, 33 more than six years, and three more than 10 years.

Of the 80 patients who died six were over 80 years of age, 15 were over 70, 15 were over 60, 14 were over 50, 19 were over 40, and 11 were under 40.

DISPOSITION OF THOSE DISCHARGED

During the year 254 patients have been discharged. . Of this number 80 died. 85 were discharged as recovered and returned to their homes. 64 patients were discharged as improved; of this number 61 returned to their homes, one was transferred to another institution, and two were deported; one to Sweden and one to Germany; 17 patients were discharged as unimproved; 13 to the custody of friends, and four were transferred to other institutions. Eight patients were discharged as not insane. Three patients were sent to other states as non-residents of New York state.

BED TREATMENT

For many years it has been the policy of this hospital to treat a large number of its patients in bed, especially the recent cases, whether or not presumably recoverable. A very large number of those admitted are found to be much reduced in physical strength from overwork, from improper or insufficient food, or from physical as well as mental disease. By placing such patients in bed in a well appointed hospital ward, where what strength they have can be conserved and attention given to their physical needs by trained nurses, their chances for improvement and recovery are much greater. In bed they can be examined and observed more satisfactorily, and the quantity and kind of food taken are more accurately known and controlled. Whether the bowels, the kidneys, the skin, and the other organs are performing their normal functions is easily ascertained,

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and, if not, such treatment as seems necessary for relief can be more surely carried out. Hydrotherapeutic measures are more likely to be made use of, and unclean patients can be kept cleaner and neater in bed. The patient is not so likely to create as much disturbance while in bed, if he is excited and noisy, as he is when permitted to roam about the ward; nor is he so liable to be injured or to injure others. And I believe a patient in bed is more likely to be treated with greater kindness and consideration by the nurses.

These, together with many other minor reasons, which need not be enumerated here, are, we think, sufficient to justify bed treatment for a large percentage of the admissions to the hospital. We endeavor to exercise our best judgment as to the length of time each case shall remain in bed, and as soon as it appears that bed treatment is not likely to be of further benefit, the patient is gotten up, dressed, and his future treatment decided upon according to the indications for the case in question.

OCCUPATION

We recognize the fact that some form of occupation is a very important factor in the treatment of many patients, especially for the chronic and able-bodied patients, and we always endeavor to find some suitable work for each patient who is able and can be induced to work. In fact, about 34 per cent. of the men and 28 per cent of the women are employed in some form of labor about the wards, the kitchen, the sewing rooms, or on the farm, the lawns, in the garden, the boiler house, the laundry and numerous other ways.

During the past year a large number of men have been employed in digging a trench for a walk for the use of patients while out for exercise. Many others have been busily engaged gathering stone from the farm to fill in the trench and for the foundation of the walk.

We are also careful to see that no patient is required to work longer than he should, or beyond the point of healthy fatigue; hence practically all of the patients who labor are willing workers. For those who do hard manual labor a special diet, suitable for their needs, is furnished, and as a rule these patients take their meals in a dining room separate from the others.

DIET KITCHEN

An estimate for equipment for a diet kitchen was submitted to the Commission during the year, and funds sufficient to purchase the necessary articles were allowed. We are at this time about to engage a cook to prepare in this kitchen such special articles of diet as shall be prescribed by the physicians for patients who may be in need of specially prepared food. Such a kitchen as this has long been greatly

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needed at this hospital, the general kitchen being so far away from some of the wards that it has been practically impossible to get small quantities of food to patients in an appetizing manner. Much confusion and annoyance were often caused in the general kitchen during the busy hours by efforts to prepare special dishes. These interruptions and annoyances will now be avoided, and the special diets will be prepared and served promptly and in a satisfactory manner.

PHYSICIANS AT THE PATHOLOGICAL INSTITUTE

Dr. Woodman, the first assistant physician, attended a course of instruction at the Pathological Institute, extending from October 4 to December 24, 1904. Arrangements have been made to send another assistant to the Institute some time during the coming winter, for a course of instruction in pathology and pathological technique. These courses of instruction have been of much help to the physicians who have taken them, and the medical service at the hospital has been improved thereby.

The usual interest in the medical work has not only been maintained, but it has steadily increased. Staff meetings are held daily, Sundays excepted, and all matters pertaining to the medical work and of interest are brought up at these meetings, and free discussion by members of the staff is always invited. Each member of the medical staff, including the medical internes and clinical assistants, is required to attend these meetings. And as many members of the staff as can be spared from their ward and office duties attend all autopsies and assist in the post mortem work.

PATHOLOGICAL WORK

Substantial additions to the laboratory furniture and equipment have been made during the year, so that now we are able to work up such material as finds its way to the laboratory much more satisfactorily than ever before.

A lively interest in the post mortem findings has been maintained, and the members of the staff have been stimulated to a closer observation of their cases thereby.

In all, 36 autopsies have been performed—45 per cent of the total number of deaths. Eleven brains have been sent to the Pathological Institute for special investigation. About 30 gross specimens have been added to the hospital museum. Over 1,300 microscopic specimens have been prepared from material accumulated during the present and past year.

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Taken altogether, the year's work has been more instructive and valuable than that of any previous year.

URINE, BLOOD AND SPUTUM EXAMINATION

The work in analysis of urine, blood, and sputum has been confined strictly to a clinical basis. An analysis of the urine supplements the physical examination of every patient on admission, and at such other times as the physicians in charge of the various services may direct.

About 600 specimens of urine have been examined during the year. A few blood examinations have been made when such a procedure was indicated by the symptoms of the various cases, as in suspected malaria, anemia, suppurative conditions, etc. A considerable number of specimens of sputum have been examined, especially from cases of suspected tuberculosis, and permanent microscopic specimens are made in all interesting cases and preserved for reference.

In this connection, it may be stated that in all cases of general paresis, or suspected general paresis, in the institution lumbar puncture has been made and the spinal fluid examined by the centrifuge method. The examinations were positive in all cases. A number of "control tests" were also made in cases of advanced dementia, in which the findings were negative.

SPECIAL TREATMENT

There has been rather more than the usual amount of gynecological work done during the past year, owing, in part, to the fact that we were able to secure the services of a woman medical interne for a few months.

Some cases of anemorrhoea and some of eroded cervixes have been markedly improved by local treatment. Minor operations, such as curettage, dilatations, and breaking of adhesions about the clitoris have been performed when indicated, often with improvement following the same. There are some cases waiting for major operations, which we hope to attend to soon, now that the surgical and clinical pavilion is about ready for occupation.

While it is impossible to make a satisfactory examination of the eyes of all of our patients, examinations have been made and glasses fitted in all cases giving indications of the need of the same, when it was possible to make satisfactory examination.

The dental work has been attended to by the hospital staff, supplemented by dentists as their services have been required. All plate, bridge work, and fillings are done by dentists who visit the

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hospital for that purpose, or when necessary, the patient goes to the office of the dentist.

SURGICAL PAVILION

The building for surgical and clinical work has been completed during the year. This building is of brick, two stories in height, with basement and attic. The first story is divided into a room for surgical operations, one for gynecology, one for examination and etherization, and one each for ophthalmology, electrotherapy; instrument, sterilization, linen room, toilet and bath. On the second floor there is a bath and toilet room, five sleeping rooms, and one linen closet. The building is well arranged for the purposes for which it was constructed.

The furniture and instruments for use in this building have been selected with much care, and we now feel that we are better prepared to take care of our surgical work than ever before. Such a building as this has long been needed, as we have never had a place suitable for such work as this building is intended for.

TRAINING SCHOOL FOR NURSES

The training school for nurses has been continued during eight months of the year. The final examination for seniors was held May 11th. Those who took the examination and passed were: Mabel Brisco, Margaret Cranmer, Lily M. McEnany, Gertrude L. Greul, Agnes Valley, and James A. Sturges.

The juniors who passed were: Helena T. Clifford, Mary O. Lamb, Helen S. Ward, Ignatius A. Dulsky, and Frank A. McChesney.

Of the seniors who passed and received their diplomas, there are but two remaining in the service, four having resigned to engage in general nursing.

Of the 13 juniors who began the course, but five finished and took the examination, and of these five one has since resigned.

Of the 54 men and 83 women who have graduated from the training school of this hospital since 1889, there are at the present time but 16 men and 21 women remaining in the service of this hospital, and of this number eight are occupying positions other than that of nurse.

AMUSEMENTS AND ENTERTAINMENTS

The following is a list of amusements and entertainments furnished during the year just closed:

Moving pictures—E. J. Hadley's—two entertainments.

Football—Middletown vs Chester.

Vaudeville—Burke-McGann Company.

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Hallow'een Celebration and ghost walk.
 Football—Cornwall Military Academy vs Middletown High school.
 Fifth annual Bal-Masque and Thanksgiving reception.
 Concert—Puder Association and Mendinger's Band of Newark.
 Entertainment—Otisville Social Circle.
 Readings—Dean Southwick.
 Sleigh rides.
 Christmas Trees and Reception.
 "Colonel" Smith's Troupe and New Year's reception.
 Al. G. Field's Greater Minstrels and Band.
 Oratorio—"The Nativity"—First Presbyterian Church, 26 people.
 Musical Comedy—"A Son of Rest,"—Nat M. Wills' Company.
 Living pictures—Local.
 "A Vision of Fair Women" under direction of Miss Emma Ambler.
 "The District School," presented by the Sunshine Society.
 Concert—Ontario and Western Band.
 Farce—"The Matrimonial Bureau," presented by St. Elizabeth Society.
 Comedies—"No admittance" and "It's Up to Freddie," presented by Middletown High School Dramatic Club.
 Broughton's Comedietta—"Withered Leaves"—Local talent.
 Cantata—"Penitence, Pardon and Peace," First Presbyterian Church Choir.
 Japanese costume entertainment.
 Band Concert—Ontario and Western Band.
 Literary entertainment—Bethel A. M. E. church.
 Comediettas—"The Burglar," "The Bachelor-ette," and "Sis Hopkins" under direction of Miss Emma Ambler.
 Fourth of July Celebration—Concert, 24th Separate Company Band, two ball games and fireworks.
 Strolling Musicians—Italian.
 Black Patti Troubadours.
 Visit to Orange County Fair and trolley rides—230 patients.
 Special—Reunion game of baseball—Asylums vs Cuban X Giants.
 "Jack" Chesbro, the baseball pitcher, with the Asylums.
 Regular weekly dances, 10 months.
 Baseball—12 games.

A SLIGHT FIRE IN THE WARD

I have to report that on Saturday evening, December 17th, at 10.40 a fire was discovered on ward 19 by one of the night watches. A piano and pianola (property of a patient) and a couch (property of

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the hospital) were burning fiercely, and were practically consumed. Two automatic fire extinguishers were working, and a stream of water from a two inch hose was quickly turned on the fire, which was speedily extinguished. The ward was filled with smoke, and considerable water stood on the floor, which caused some discomfort but little damage. Some of the patients were removed from the wards to the officers' hall and to other parts of the institution. The water was mopped up, the wet carpets removed from the rooms, and the patients were back in their rooms and comfortable at 12 o'clock.

The discipline among the employees and patients was excellent.

The origin of the fire is unknown. The loss to the State did not exceed \$50.

CHANGES IN MEDICAL STAFF

Dr. Edouard S. Loizeau resigned his position as medical interne on October 1, 1904, to engage in general practice.

Dr. Roy E. Mitchell was promoted on October 1, 1904, from the position of junior physician to that of assistant physician.

Dr. Annie M. Hull served under temporary appointment as clinical assistant and medical interne from February 15, 1905, to August 17, 1905, resigning her position on that date to engage in general practice.

Dr. Arthur S. Moore was promoted from medical interne to junior physician March 1, 1905.

Dr. Harry V. Bingham was appointed clinical assistant June 1, 1905, and promoted to medical interne July 1, 1905.

Dr. Nelson W. Thompson was appointed clinical assistant August 10, 1905.

Dr. Reeve Turner resigned as assistant physician March 1, 1905, to accept a similar position in a private institution for the care and treatment of the insane.

Dr. Edward A. Everett, after about eight years of continuous and faithful service on the medical staff of this hospital in various positions, resigned his position as second assistant physician September 15th, to open a private institution for the treatment of the insane in Elmira, N. Y.

MEDICAL JOURNALS

The following is a list of the medical journals subscribed for during the year:

Journal of Nervous and Mental Diseases, Albany Medical Annals, Journal of Mental Sciences, American Journal of Medical Sciences, Hahnemannian Monthly, Medical Century, American Physician, American Journal of Insanity, North American Journal of Homeopathy, Medical Record, Medical Times.

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MEDICAL BOOKS

The following books have been purchased for the medical library:

Races and Peoples, Adolescence, Epilepsy and Its Treatment, Infection and Immunity, Fatigue, The Jukes, Clinical Psychiatry, Mental Defectives, Diseases of Society, Index of Symptoms, Multiple Personality, Studies in Physiology, Medical Dictionary, Medical Thesaurus, Pathological Anatomy, Psychiatry, The Individual, The Citizen, The Neighbor, Nursing, Isabel Adams Hampton; Text Book of Nursing, Clara Weeks-Shaw; Practical Points in Nursing, Emily A. M. Stoney.

ADDITIONS TO PATIENTS' LIBRARY

Two hundred and twenty books were acquired by purchase, 37 books were acquired by gift from various sources, for which we make grateful acknowledgment on behalf of the patients.

OFFICIAL VISITS

The State Commission in Lunacy has visited and inspected the hospital repeatedly during the year. At each visit the commissioners have carefully and fairly inquired into our needs and made such allowances of funds to cover our wants as appeared just and fair to them, and the funds at their disposal would permit. They have also always cheerfully granted hearings to such patients as had expressed a desire for an interview.

The medical inspector, Dr. William L. Russell, has frequently visited the hospital and inspected the wards, the kitchen, the boiler house, the laundry, and, in fact, all parts of the institution, giving special attention to the medical work, the diet, clothing, fire protection, and the examination of all new patients admitted and remaining since his last visit. He has always granted an interview to all patients requesting the same.

The board of visitation continued to visit and inspect the hospital regularly each month as a board, and frequently as individual members, until the board was abolished by act of the legislature.

The board of managers appointed last June early manifested an earnest and intelligent interest in the management and welfare of the hospital, and careful inspections have been made by the board and by individual members.

The hospital has been repeatedly visited and inspected by representatives of the State Charities Aid Association. Those who have made one or more visits and inspections during the past year are: Mrs. Paul Tuckerman, Miss Mary Vida Clark, DeWitt C. McMonagle, H. Kinney Wilcox and James B. Carson.

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The grand jury, the district attorney and the assistant district attorney of Orange county visited and inspected the hospital on the invitation of the board of visitation.

Other distinguished visitors were Hon. Louis F. Goodsell, state senator for this district; Hon. Louis Bedell, assemblyman from the second district of Orange; Hon. George L. Heins, State architect; General George D. Sanford, auditor for the State Commission in Lunacy, and Hon. Goodwin Brown, ex-member of the State Commission in Lunacy.

IMPROVEMENTS MADE DURING THE YEAR

A new 180 horse-power horizontal tube boiler has been installed in the boiler house by P. Delany & Company. This has been connected to the chimney by a new flue large enough to take care of two or three other boilers. We have also a Roney stoker connected with this new boiler. The cost of this improvement was about \$4,200.

The steam pipe in the subway between the boiler house and annex 1 have been recovered at a cost of about \$160.

New radiators, with necessary piping, have been put in pavilion 1 to take the place of the indirect heating stacks in the basement. The cost of this work was \$1,000.

An iron fire escape has been erected on the laundry cottage at a cost of \$14.

Eighteen new Rex fire extinguishers and 12 "Nevermyss" have been placed on the wards where most needed.

New locks have been put on the outside doors in the men's department, where the old locks were much worn and easily picked. The cost was about \$175. Other locks will be replaced from time to time during the coming year.

Two steel ceilings were put on in the sitting rooms on first and second floors in Pavilion No. 2; the plaster ceilings having become cracked and unsafe. Cost, \$98.

One of the old greenhouses has been torn down, it having become decayed and unsafe, and the others have been repaired as well as they could be with the material from the old one, and with some new material.

The women's nurses' home, Pierson cottage and Grinnell cottage have been painted one coat at a cost of about \$60 for material, the work having been done by the hospital painters.

About 7,300 square feet of cement walk have been laid by patients' labor and the hospital mason. The work will be continued until the walk extends entirely around Dillon drive, a distance, with connec-

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tions, of about one and one-third miles. We have also built several short pieces of cement and gravel walks in the rear of the buildings.

During the early fall our sanitary sewer overflowed and emptied sewage into the ice pond, thus necessitating the digging of a new pond in another location.

The hospital switch connecting with the Erie railroad has been in bad condition for some time, and the railroad company obliged us to assume its care. We have put this in good order by labor of patients, supplemented by two employees.

As mentioned elsewhere in this report, the surgical and clinical pavilion has been completed by the contractor and is now occupied. The fitting up of this building with necessary apparatus and furniture has cost about \$1,600.

The dining rooms of wards 1 and 2 in the main building have been enlarged by cutting a doorway from the pantry and adjoining room. This change was necessary, as but about half of the patients on these wards could be accommodated in the dining rooms.

Cement floors have been laid in the cow stables to replace the decayed wooden floors.

Considerable paving of the gutters about the drives on the grounds has been done.

A window has been cut in the hospital of ward 28, also of ward 29. This has increased the ventilation and also furnished more light in that part of the building.

The sitting room on ward 2 has been converted into a hospital, to take the place of the present hospital on that ward, which was too small to accommodate the necessary number of patients and was also very inconvenient. The new one adjoins the bath rooms and toilet sections, and will be very much more convenient than the old one. The room formerly used as a hospital has been converted into a dormitory.

The stone wall on West Main street has been relaid and a concrete coping has been placed on the wall, which improves its appearance very much.

We have erected a propagating house 20 x 80 feet for the use of the gardener. The work was done by the hospital mechanics and patient labor. The total cost for material and heating was \$455.

OUR NEEDS

When the chronic building is completed and occupied we shall need more ice than we can store in the present ice house. We should anticipate this demand by enlarging the ice house. For this purpose we will need \$1,000.

. MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

In our annual report last year we stated that we wished to continue the cement walk around Dillon drive. This walk is four and one-half feet wide, and is to be one and one-eighth miles long, not figuring necessary connections. "The walk is needed for the patients when out for exercise; at the present time they are compelled to use the Dillon drive, which is sometimes wet and muddy, at others dusty, and in the winter rough, icy and unsafe." The sum of \$2,000 was asked for this purpose. One-half of this amount only was appropriated, which has been used as economically as possible. The actual cost of this walk will not be more than seven cents a square foot, and possibly less. In order that we may complete this very necessary work, we request an appropriation of \$1,000.

For the reasons stated in the 34th annual report of this hospital, we should erect a substantial fence along the highway in front of the hospital property. This fence appears to be an absolute necessity for the reasons referred to, and because the hospital is within the city limits, and the hospital property cannot be properly protected without it. Two thousand dollars was asked for and but \$500 was appropriated. We earnestly urge the appropriation of an additional sum of \$1,000. We propose to build this fence of concrete blocks, which will be made largely by patients' labor. The length of fence necessary is 1,650 feet. The fence is to be four feet in height and 12 inches thick, with concrete block coping. Two large double iron gates and one small single iron gate will be required, and they are included in the estimated cost of the fence.

With an increased population of nearly 500 patients since the erection of the chapel and amusement hall, it now proves to be much too small. This building was erected when we had less than 1,000 patients, and we now have an average of about 1,300, and with the prospect of soon increasing the hospital population by about 500 more, the building will prove entirely inadequate for the purposes for which it was designed. The size of the amusement hall, not including the stage and vestibule, is 80 x 45 feet. An addition of 25 feet on the stage end would, we believe, be sufficient for our present and prospective needs. I am informed by an architect that this addition could be made for about \$10,000.

Annexes 1 and 2 are very much crowded. There are 134 patients in annex 1 and 169 patients in annex 2, making a total of 303 patients in the two buildings. One hundred of these patients are in bed. There is but little sitting or day room accommodation in either of these buildings, and the rooms are occupied constantly day and night. An appropriation of funds to erect a

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

solarium and sitting room combined, adjoining each of these buildings, is earnestly urged, in order that we may be enabled to obtain relief from this condition. These additions should be three stories in height, with basement, 25 feet wide and 40 feet long, the length to correspond with the present buildings. To erect these buildings, and for heavy wire screens, plumbing and furnishing, the estimated cost of each is \$10,000; total, \$20,000.

Two new boilers will be needed to heat the hospital when the new chronic building is completed. For this purpose we shall require \$9,000.

We would like to convert the stable and carriage barn into an industrial shop. This building stands directly in the front and near the center of the proposed chronic building, and as a stable it would be very objectionable in its present location. Twenty-five hundred dollars was appropriated last year for a work shop. If this money could be reappropriated for a stable and carriage house, to be erected in a more desirable location, and an additional \$1,000 applied to make the necessary alterations in the stable, to enable us to use it as an industrial shop, it would be very desirable.

The pine floors on the wards and in the hospitals of Talcott hall are badly worn, splintered, uneven, unsightly and should be replaced. Oak floors to correspond with those in the adjoining buildings can be laid by the hospital mechanics for \$1,000.

The greenhouses, as stated in the report last year, are badly decayed and in danger of collapsing at any time; in fact, we have had to take down the largest one to save the glass. The legislature appropriated \$4,000 last year to rebuild the greenhouses, but we regret that the appropriation did not receive the governor's sanction. We trust that the same amount may again be appropriated. The amount of cheer the flowers and plants bring to the wards, as well as beautifying the grounds, we feel justifies the expenditure of so reasonable a sum as is asked for.

A cottage is needed in order that we may properly isolate patients and employees while suffering from contagious or infectious disease. A suitable building can be erected and furnished for \$2,500.

The electrician of the hospital has carefully inspected the electric wiring of Talcott hall, annex 1 and annex 2, and has submitted to me the following report of the conditions found:

The wiring in Talcott hall is in poor condition, the mains being run on the ceiling through unarmored fibre conduit held in place by being run through screw eyes placed several feet apart. The mains are run through separate conduits, and taps taken out through cut outs to chandeliers along the main line. The branches are all of

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

cotton covered twisted twin conductors run through conduit of the same composition as that above mentioned. The fixtures are combination gas and electric and are in very poor condition.

The wiring in annex 1 is principally in moulding run on the ceiling and behind cornices by reason of steel ceiling being put on since the building was wired. The fixtures in this building are all plain gas fixtures, wired on the outside with ordinary lamp wire, and are a source of trouble at all times. The general condition of the wiring is far from good.

Annex 2 is wired in the same manner as Talcott hall, except that all mains and branches are, or were, twisted twin cotton covered conductors run through conduit of the same kind and in the same manner as those in Talcott hall. There are combination gas and electric fixtures on the first floor, but in poor condition, there are no fixtures on the second or third floor. The general condition of the wiring of this building is poor. These buildings were wired 15 years ago, and would not begin to meet the present requirements of the board of fire underwriters.

The outside mains for supplying current to annexes 1 and 2 are in very bad condition, by reason of wires and poles (wood) breaking down at different times from wind and storm. There should be a new main run from switchboard at power station to a point central between the two buildings and branches from this point to each building. This work is very necessary.

I would earnestly urge an appropriation of a sum sufficient to rewire the three buildings mentioned in a thoroughly safe and efficient manner. To do this about \$7,000 will probably be required.

ACKNOWLEDGMENTS

To the State Commission in Lunacy I am under renewed obligations for most fair and impartial consideration of all matters pertaining to the needs and management of the hospital during the year, and for frequent helpful suggestions and valuable advice concerning our work.

By act of the Legislature, which became a law May 17, 1905, the board of visitation was abolished. The members of this board were Samuel E. Shipp, president; Daniel Finn, secretary; Emerson B. Lambert, M. D., Ira L. Case, and John E. Iseman. The gentlemen of this board always manifested a keen and intelligent interest in the affairs of the hospital. Their advice and suggestions were always timely and valuable. Personally and on behalf of the institution I cheerfully make this acknowledgment of our indebtedness to them.

STATE COMMISSION IN LUNACY

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

For words of encouragement, helpful advice, and assistance to I am personally, as well as on behalf of the hospital, indebted to board of managers.

I am also indebted to the medical inspector of the State hospital for many timely hints for the good of the service.

The members of the medical staff have continued enthusiastically the performance of their medical work, and to them belongs a large measure of the credit for whatever success we have been able to attain of our efforts during the past year.

The steward and his assistants have as usual carefully and fully performed their duties. The matron, engineer, farmer, carpenter, mason, painter, gardener, florist and laundryman continued, as in the past, loyal workers for the best interests of the hospital. To them, and the office clerks, the supervisors, the nurses and attendants, and each and every one who has faithfully worked the interests of the hospital, I am under renewed obligations.

We are again indebted to the clergy of Middletown for religious services in our chapel on each Sunday during the year; also for cheerfully and promptly responding to calls for special visits at any and all times.

We desire also to express our appreciation of the music furnished during religious services by the church choirs of this city.

Again, I wish to express appreciation to the editors and proprietors of the following publications for copies gratuitously regularly sent to the hospital throughout the year:

Middletown Times, Middletown Argus, Middletown Press; Independent Republican of Goshen; Warwick Advertiser; Gazette of Port Jervis; Catholic World Magazine; Goshen Democrat; Bath Signal; Walton Chronicle Times; Bath Advocate; Corning Leader; Leader; Dispatch, of Warwick; Kingston Leader; Morningside News, Edinburgh, Scotland.

All of which is respectfully submitted,

MAURICE CAVILEER ASHLEY

Medical Superintendent

TREASURER'S REPORT

Receipts

Balance on hand October 1, 1904..	\$2,558 94
From State treasury for maintenance on estimates 1 to 12, inclusive.....	244,472 93
From private patients.....	34,986 21
From reimbursing patients.....	16,530 43
From all other sources... ..	1,150 32

Total receipts during the year..

\$299,698 83

Disbursements

For officers' salaries.....	\$16,235 83
For wages.....	93,468 64
For provision and stores.....	79,005 76
For ordinary repairs.....	5,526 99
For farm and grounds.....	6,384 24
For clothing of patients.....	5,306 99
For furniture and bedding.....	8,020 45
For books and stationery.....	1,314 83
For fuel and light.....	20,790 66
For medical supplies.....	928 36
For miscellaneous expenses.....	5,557 28
For transportation.....	1,213 43

Total disbursements, estimates

1 to 12, inclusive..... \$243,754 06

To State treasurer, receipts as required by law.....

51,794 38

295,548 44

Balance on hand October 1, 1905.....

\$4,150 39

SPECIAL FUNDS

Receipts

Balance on hand October 1, 1904.....	\$4,428 59
From State treasurer.....	16,919 42

Total.....

\$21,348 01

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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Disbursements

Vouchers paid during the year.....	\$18,944 42
Balance on hand October 1, 1905.....	\$2,403 59

Respectfully submitted.

M. C. ASHLEY
Treasurer

SEVENTEENTH ANNUAL REPORT OF THE
MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Remaining October 1, 1904.....	611	694	1,305
Admitted during year ending September 30, 1905.....	114	121	235
On original commitments:			
From residences.....	109	113	222
By transfers from county houses.....	1	3	4
By transfers from other institutions for insane.....	4	5	9
Total number under treatment during year.....	725	815	1,540
Daily average population.....	595	692	1,287
Capacity of institution.....	597	625	1,222
Discharged during the year:			
As recovered.....	48	37	85
As improved.....	26	38	64
As unimproved.....	12	5	17
*As not insane.....	6	2	8
Died.....	45	35	80
Whole number discharged during the year.....	137	117	254
Remaining October 1, 1905.....	588	698	1,286

*Three inebriates, 1 imbecile, 1 criminal.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	1874
Total acreage of grounds and buildings.....	281
Value of real estate, including buildings.....	\$1,137,646 00
Value of personal property.....	85,000 00
Acreage under cultivation.....	90
Receipts during year, maintenance fund:	
Balance on hand October 1, 1904.....	\$2,558 94
From State treasury for maintenance on estimates, 1 to 12, inclusive.....	244,472 93
From private patients.....	34,986 21
From reimbursing patients.....	16,530 43
From all other sources.....	1,150 32
Total receipts for maintenance.....	<u>\$299,698 83</u>
Balance on hand October 1, 1904, ex. imp.....	\$4,428 59
Total receipts from State Commission in Lunacy for extraordinary improvements.....	16,919 42
Total receipts from manufacturing fund.....	<u>\$21,348 01</u>
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries.....	\$16,235 83
Estimate No. 2. For wages.....	93,468 64
Estimate No. 3. For provisions and stores.....	79,005 76
Estimate No. 4. For ordinary repairs.....	5,526 99
Estimate No. 5. For farm and grounds.....	6,384 24
Estimate No. 6. For clothing of patients.....	5,306 99
Estimate No. 7. For furniture and bedding.....	8,020 45
Estimate No. 8. For books and stationery.....	1,314 83
Estimate No. 9. For fuel and light.....	20,790 66
Estimate No. 10. For medical supplies.....	928 36
Estimate No. 11. For miscellaneous expenses.....	5,557 88
Estimate No. 12. For transportation.....	1,213 43
Total disbursements, estimates 1 to 12, inclu- sive.....	<u>\$243,754 06</u>
To State treasury—receipts.....	51,794 38
Total disbursements.....	<u>\$295,548 44</u>

MIDDLETOWN STATE HOMOEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$18,944 42
General maintenance fund.....	4,150 39
Apportionments by State Commission in Lunacy for extraordinary improvements.....	2,403 59
<hr/>	
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3.642
Maximum rate of wages paid attendants:	
Men.....	42 25
Women.....	36 00
Minimum rate of wages paid attendants:	
Men.....	22 00
Women.....	16 00
Proportion of day attendants to average daily population.....	1 to 8
Proportion of night attendants to average daily population.....	1 to 48
Percentage of daily patient population engaged in some kind of useful occupation.....	32.00
Estimated value of farm and garden products during year.....	\$14,110 78
Estimated value of articles made or manufactured by patients during year.....	3,800 00
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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSE.	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions(such as loss of friends, business troubles, etc).....	7	10	17	2	.....	2	3
Mental strain, worry and overwork (not included in above)...	18	22	40	3	6	9	....
Religious excitement...	1	1	2	.....	.....	.....	....
Love affairs (including seduction).....	.....	3	3	.....	1	1	....
Fright and nervous shock.....	2	1	3	.....	1	1	....
Physical:							
Intemperance.....	22	3	25	2	2	4	....
Venereal diseases.....	12	2	14	2	.....	2	....
Masturbation.....	8	1	9	4	1	5	....
Sunstroke.....	1	.....	1	.....	.....	.....	....
Accident or injury.....	2	1	3	.....	.....	.....	....
Pregnancy.....	.....	2	2	.....	.....	.....	....
Parturition and puerperium.....	.....	5	5	.....	1	1	....
Change of life.....	.....	11	11	.....	1	1	....
Fevers.....	1	.....	1	.....	.....	.....	....
Epilepsy.....	5	4	9	1	1	2	....
Other convulsive disorders.....	1	1	2	.....	.....	.....	....
Diseases of skull and brain.....	2	.....	2	1	.....	1	....
Old age.....	7	10	17	.....	3	3	....
Epidemic influenza.....	.....	2	2	.....	.....	.....	....
Abuse of drugs.....	1	5	6	.....	1	1	....
All other bodily disorders and ill health..	8	13	21	2	4	6	2
Hereditary.....	10	18	28	10	18	28	....
Unascertained.....	6	6	12	1	.....	1	....
Total.....	114	121	235	28	40	68	5

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	17	22	.,....
General paralysis.....	16	.....	15
Senile insanity.....	24	1	19
Epilepsy with insanity.....	7	1	5
Imbecility, idiocy with insanity.....	3	1	.....
Other psychoses.....	163	60	41
*Not insane.....	5	.....	.....

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

STATE COMMISSION IN LUNACY

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 6

showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	18	12	30	.....	.....	.....	197	232	429	8	2	10
One to three months.....	7	7	14	10	3	13	178	210	388	93	89	182
Three to six months.....	8	7	15	12	13	25	119	127	246	197	240	437
Six to nine months.....	1	3	3	8	8	16	65	87	152	145	178	323
Nine months to one year.....	1	2	4	3	5	8	11	30	41	95	96	191
One year to eighteen months.....	2	2	4	4	3	7	43	56	99	81	98	179
Eighteen months to two years.....	1	.....	1	1	.....	1	9	7	16	40	44	84
Two to three years.....	4	2	6	4	1	5	27	30	57	32	51	83
Three to four years.....	2	.....	2	2	1	3	20	14	34	18	25	43
Four to five years.....	1	1	2	1	.....	1	8	8	16	10	10	20
Five to ten years.....	2	.....	2	2	2	4	17	23	40	14	23	37
Ten to twenty years.....	.....	1	1	1	1	2	3	7	10	3	8	11
Unascertained.....	1	.....	1	.....	.....	.....	39	33	72	.....	.....	.....
Total.....	48	37	85	48	37	85	736	864	1,600	736	864	1,600

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Erysipelas.....	1	.....	1	10	3	13
Septicemia and pyemia.....	.....	.....	.....	2	1	3
Dysentery.....	.....	.....	.....	.....	3	3
Tuberculosis.....	5	10	15	19	20	39
Anthrax.....	.....	.....	.....	.....	2	2
Constitutional diseases:						
Rheumatism (or rheumatic affections)....	.....	.....	.....	.....	1	1
Diabetes mellitus and diabetes insipidus...	.....	.....	.....	2	2	4
Diseases of the digestive system:						
Diseases of the stomach.....	.....	1	1	3	6	9
Diseases of the intestines.....	.....	4	4	9	30	39
Diseases of the liver....	1	.....	1	2	1	3
Diseases of the peritoneum.....	.....	1	1	.....	2	2
Diseases of the respiratory system:						
Diseases of the nose and larynx.....	.....	.....	.....	.....	2	2
Diseases of the bronchi.....	1	.....	1	11	4	15
Diseases of the lungs..	6	4	10	32	48	80
Diseases of the pleura.....	2	.....	2	4	.....	4
Diseases of the circulatory system:						
Diseases of the heart..	2	5	7	29	36	65
Arterio-sclerosis.....	4	.....	4	6	2	8
Aneurism.....	.....	.....	.....	1	.....	1
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....	.....	.....	.....	1	.....	1
Hodgkin's disease, Addison's disease and myxoedema.....	.....	.....	.....	1	.....	1

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the genito- urinary system.....	3	1	4	22	16	38
Diseases of the nervous system:						
Diseases of the nerves.					1	1
Diseases of the spinal cord.....				3		3
Diseases of the men- inges.....				1	2	3
Organic diseases of the brain (tumor, ab- scess, embolism, thrombosis, hem- orrhage and other gross lesions).....	1	2	3	71	58	129
Functional nervous diseases (paralysis agitans, chorea, ec- lampsia, hysteria, neurasthenia.....				1		1
Epilepsy.....	2	1	3	7	5	12
Mental diseases:						
Exhaustion of acute mental disease.....	2		2	46	37	83
Exhaustion of chronic mental disease.....	1	1	2	202	124	326
General paralysis of the insane.....	12	3	15	140	26	166
The intoxications; heat- stroke; obesity:						
Heat-stroke.....				4	1	5
Debility of old age.....	1	2	3	3	3	6
Accident.....	1		1	4	1	5
Suicide.....				7	2	9
Surgical and gynecologi- cal diseases and dis- eases of the skin.....					3	3
Malignant new growths or cancer.....				9	15	24
Total.....	45	35	80	652	457	1,109

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	13	14	27	181	209	390
Maternal branch.....	12	22	34	233	283	516
Paternal and maternal branches.....	2	1	3	27	30	57
Collateral branches.....	1	3	4	137	185	322
No hereditary tendency..	84	78	162	1,466	1,373	2,839
Unascertained.....	2	3	5	137	147	284
Total.....	114	121	235	2,181	2,227	4,408

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	44	44	88	1,053	873	1,926
Married.....	57	58	115	937	1,033	1,970
Widowed.....	11	17	28	170	304	474
Divorced.....	2	2	4	11	13	24
Unascertained.....	.....	.....	.....	10	4	14
Total.....	114	121	235	2,181	2,227	4,408

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	5	3	8	116	34	150
Academic.....	8	15	23	192	283	475
Common school.....	86	90	176	1,592	1,641	3,233
Read and write.....	13	8	21	51	51	102
Read only.....	1	1	2	78	43	91
No education.....	1	4	5	99	102	201
Unascertained.....	.....	.....	.....	83	73	156
Total.....	114	121	235	2,181	2,227	4,408

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. II
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	7	7	14	5	1	6	75	63	143	80	55	135
One to three months.....	4	4	8	5	2	7	68	63	131	64	34	98
Three to six months.....	7	2	9	4	3	7	72	36	108	54	22	76
Six to nine months.....	5	3	8	.....	.....	.....	59	31	90	34	13	47
Nine months to one year.....	3	2	5	2	3	5	19	22	41	27	21	48
One year to eighteen months.....	8	3	11	1	.....	1	73	44	117	41	33	74
Eighteen months to two years.....	.....	1	1	2	2	4	20	17	37	52	36	88
Two to three years.....	1	4	5	3	1	4	62	33	95	65	44	109
Three to four years.....	3	2	5	4	3	7	34	30	64	38	33	71
Four to six years.....	2	4	6	1	5	6	36	25	61	67	47	114
Six to ten years.....	3	1	4	6	4	10	40	23	63	63	75	138
Ten to twenty years.....	2	2	4	12	10	22	41	19	60	66	37	103
Twenty years and over.....	.....	.....	.....	.....	1	1	17	19	36	3	5	8
Not insane*.....	.....	.....	.....	.....	.....	.....	3	1	4	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....	35	24	59	.....	.....	.....
Total.....	45	35	80	45	35	80	654	455	1,109	654	455	1,109
Average duration of insane life (give years and tenths....	5.8			7.0			.....			4.6		
				6.4						4.8		

* Includes cases of alcoholism, drug habit, etc.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....	.....	.....	.....	.....	2	2
From 10 to 15 years.....	1	.....	1	10	7	17
From 15 to 20 years.....	5	5	10	93	70	17
From 20 to 25 years.....	8	7	15	218	183	401
From 25 to 30 years.....	12	11	23	247	255	502
From 30 to 35 years.....	11	9	20	251	277	528
From 35 to 40 years.....	13	17	30	274	255	529
From 40 to 50 years.....	32	29	61	446	525	971
From 50 to 60 years.....	12	23	35	283	352	635
From 60 to 70 years.....	10	11	21	218	174	392
From 70 to 80 years.....	9	7	16	110	103	213
From 80 to 90 years.....	1	2	3	29	21	50
Unascertained.....	.....	.....	.....	2	3	5
Total.....	114	121	235	2,181	2,227	4,408

TABLE No. 13

Showing ages of those discharged recovered during the current year and
since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	1	3	44	47	91
From 20 to 30 years.....	7	6	13	167	216	383
From 30 to 40 years.....	8	9	17	181	206	387
From 40 to 50 years.....	21	12	33	179	203	382
From 50 to 60 years.....	5	4	9	90	125	215
From 60 to 70 years.....	5	2	7	52	53	105
From 70 to 80 years.....	.....	3	3	22	12	34
From 80 to 90 years.....	.....	.....	.....	1	2	3
Total.....	48	37	85	736	864	1,600

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					2	2
From 15 to 20 years.....	1		1	5	2	7
From 20 to 25 years.....	1	1	2	14	7	21
From 25 to 30 years.....	1		1	27	14	41
From 30 to 35 years.....	1	5	6	51	25	76
From 35 to 40 years.....		1	1	63	32	95
From 40 to 50 years.....	13	6	19	136	90	226
From 50 to 60 years.....	9	5	14	120	89	209
From 60 to 70 years.....	6	9	15	113	83	196
From 70 to 80 years.....	8	7	15	89	86	175
From 80 to 90 years.....	5	1	6	34	23	57
Over 90 years.....				1	3	4
Total.....	45	35	80	653	456	1,109

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	27	18	45
One to three months.....	25	18	43
Three to six months.....	10	17	27
Six to nine months.....	4	13	17
Nine months to one year.....	4	6	10
One year to eighteen months.....	9	6	15
Eighteen months to two years.....	3	4	7
Two to three years.....	10	6	16
Three to four years.....	7	8	15
Four to five years.....	2	6	2
Five to ten years.....	5	7	18
Ten to fifteen years.....	1	3	4
Fifteen to twenty years.....	1	4	5
Twenty to thirty years.....	1	2	3
Not insane*.....	4	1	5
Unascertained.....	1	2	3
Total.....	114	121	235

* Includes cases of alcoholism, morphia habit, etc.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in hospital of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	9	8	17
One to three months.....	15	21	36
Three to six months.....	23	27	50
Six to nine months.....	9	10	19
Nine months to one year.....	15	16	31
One year to eighteen months.....	20	32	52
Eighteen months to two years.....	16	22	38
Two to three years.....	32	47	79
Three to four years.....	31	43	74
Four to five years.....	20	33	53
Five to ten years.....	112	153	265
Ten to fifteen years.....	173	183	356
Fifteen to twenty years.....	76	65	141
Twenty to thirty years.....	36	38	74
Thirty years and upwards.....	1	.....	1
Total.....	588	698	1,286

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc	5	2	7	139	14	153
Commercial: Bankers, merchants ac- countants, clerks, sales- men, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	24	.....	24	438	5	443
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc	22	.....	22	335	.....	335
Mechanics, at out door vocations: Blacksmiths, carpenters, enginefitters, sawyers, painters, police, etc . . .	18	.....	18	197	.....	197
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weavers, tailors, bakers etc	15	.....	15	271	1	272
Domestic service: Waiters, cooks, servants, etc . . . . .	.....	12	12	43	215	258
Educational and higher domestic duties: Governesses, teachers, students, house- keepers, nurses, etc . . . . .	.....	83	83	30	1,426	1,456
Commercial: Shopkeepers, sales- women, stenographers, typewriters, etc . . . . .	.....	2	2	.....	40	40

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupations: Tailoresses, seamstresses, bookbinders, factory workers, etc.....	2	6	8	14	119	133
Miners, seamen, etc.....	.....	.....	.....	17	.....	17
Laborer's.....	21	.....	21	482	.....	482
Prostitutes.....	.....	.....	.....	.....	1	1
No occupation.....	7	16	23	208	396	604
Unascertained.....	.....	.....	.....	7	10	17
Total.....	114	121	235	2,181	2,227	4,408

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	95	101	196	1,735	1,780	3,515
England.....		2	2	59	45	104
Ireland.....	7	8	15	164	186	350
Germany.....	5	5	10	122	144	236
France.....	1	1	2	8	12	20
Scotland.....		1	1	13	15	28
Canada.....				11	13	24
Switzerland.....				9	3	12
Italy.....	1	1	2	9	6	15
Bavaria.....				3		3
Prussia.....				3	2	5
Bohemia.....					7	7
Sweden.....	2		2	9	12	21
Saxony.....				1		1
Poland.....				6	2	8
Austria.....	2		2	5	4	9
Russia.....				3	9	12
China.....				1		1
Japan.....				1		1
Isle of Man.....					1	1
New Brunswick.....				1	1	2
Central America.....					1	1
Wales.....				1	1	2
Hungary.....		1	1		6	6
India.....				3		3
Australia.....				2		2
Holland.....				2		2
Cuba.....				1		1
Norway.....					3	3
Denmark.....				1	1	2
Armenia.....	1		1	2		2
Syria.....		1	1		1	1
Unascertained.....				6	2	8
Total.....	114	121	235	2,181	2,227	4,408

Of the total number admitted since the 1st of October, 1888, the parents of 35.58 per cent were both of foreign birth.

In 2.32 per cent the percentage on the paternal side was foreign, while that on the maternal side was native.

In 1.98 per cent the percentage on the maternal side was foreign, while that on the paternal side was native.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES.	Public	Private	Total
Albany.....	1	2	3
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....	1		1
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....	3		3
Dutchess.....	1		1
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....	2		2
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	3	3	6
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	23	5	28
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....	75	8	83
Orleans.....			
Oswego.....	1		1
Otsego.....			
Putnam.....			
Queens.....	1		1
Rensselaer.....			
Richmond.....			
Rockland.....	18	3	21
St. Lawrence.....			

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES.	Public	Private	Total
Saratoga.....	1	.....	1
Schenectady.....	.....	.....	.....
Schoharie.....	.....	.....	.....
Schuyler.....	1	.....	1
Seneca.....	.....	.....	.....
Steuben.....	1	.....	1
Suffolk.....	.....	.....	.....
Sullivan.....	18	2	20
Tioga.....	.....	.....	.....
Tompkins.....	.....	.....	.....
Ulster.....	50	3	53
Warren.....	.....	.....	.....
Washington.....	3	1	4
Wayne.....	1	.....	1
Westchester.....	4	.....	4
Wyoming.....	.....	.....	.....
Yates.....	.....	.....	.....
Soldiers' Home.....	.....	.....	.....
Total.....	208	27	235

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	8	7	15	1	1	2
Allegany.....						
Broome.....	1		1			
Cattaraugus.....						
Cayuga.....		1	1		1	1
Chautauqua.....		1	1			
Chemung.....	4	1	5			
Chenango.....	1	1	2			
Clinton.....						
Columbia.....		1	1		1	1
Cortland.....						
Delaware.....	1	22	23		1	1
Dutchess.....	1	1	2		2	2
Erie.....		1	1			
Essex.....						
Franklin.....						
Fulton.....	1	1	2	1		1
Genesee.....						
Greene.....	2	2	4		1	1
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	22	25	47	6	6	12
Lewis.....						
Livingston.....	1		1			
Madison.....	1	2	3		1	1
Monroe.....		2	2		3	3
Montgomery.....	1	1	2			
Nassau.....		1	1			
New York.....	60	78	138	21	32	53
Niagara.....						
Oneida.....	1		1	2		2
Onondaga.....	5	2	7		3	3
Ontario.....	1		1			
Orange.....	169	178	347	11	10	21
Orleans.....						
Oswego.....	1	1	2			
Otsego.....						
Putnam.....	1		1			
Queens.....	17	16	33	4	1	5
Rensselaer.....	1	1	2	2		2
Richmond.....	7	11	18		1	1

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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland.....	45	47	92	2	2	4
St. Lawrence.....						
Saratoga.....	4	5	9			
Schenectady.....		1	1	1		1
Schoharie.....	1		1			
Schuyler.....						
Seneca.....						
Steuben.....					1	1
Suffolk.....	31	28	59	1	1	2
Sullivan.....	49	53	102	1	1	2
Tioga.....		5	5		1	1
Tompkins.....						
Ulster.....	79	104	183	4	3	7
Warren.....		1	1			
Washington.....	2	9	11	1	1	2
Wayne.....	2		2			
Westchester.....	8	12	20	1	1	2
Wyoming.....				1	1	2
Yates.....						
Unascertained.....						
Total.....	528	622	1,150	60	76	136

THIRTY-FIFTH ANNUAL REPORT
OF THE
BUFFALO STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905.

Thirty-fifth Annual Report of the Managers of the Buffalo State Hospital

To the State Commission in Lunacy:

Gentlemen—The Managers of the Buffalo State Hospital herewith present their report for the year ending September 30, 1905.

Very respectfully,

JOSEPH P. DUDLEY

WILLIAM C. KRAUSS, M. D.

NATHAN WOLFF

MRS. TRACY C. BECKER

MRS. WALTER PLATT COOKE

JOHN T. DARRISON

GEORGE KENNEDY

OFFICERS

MANAGERS

JOSEPH P. DUDLEY.....	Buffalo
WILLIAM C. KRAUSS, M. D.....	Buffalo
NATHAN WOLFF.....	Buffalo
MRS. TRACY C. BECKER.....	Buffalo
MRS. WALTER PLATT COOKE.....	Buffalo
JOHN T. DARRISON.....	Lockport
GEORGE KENNEDY.....	Buffalo

RESIDENT OFFICERS

ARTHUR W. HURD, M. D.....	Superintendent
HENRY P. FROST, M. D.....	First Assistant Physician
GEORGE G. ARMSTRONG, M. D.....	Second Assistant Physician
HELENE KUHLMANN, M. D.....	Woman Physician
JOSEPH B. BETTS, M. D.....	Assistant Physician
EDWARD G. ALDRICH, M. D.....	Assistant Physician
GEORGE W. GORRILL, M. D.....	Assistant Physician
B. ROSS NAIRN, M. D.....	Assistant Physician
PAUL B. BROOKS, M. D.....	Junior Assistant Physician
WALTER L. PANNELL, M. D.....	Medical Intern
JOHN E. CULP.....	Steward

REPORT OF THE MANAGERS

The board of managers of the Buffalo State Hospital herewith makes its report to the State Commission in Lunacy as provided for by law. The board, however, can report only upon a very few months' service, as it was not appointed until late in the spring and did not become organized until July 19, 1905. The present board of managers contains a majority of the original board of visitors. As "visitors," the board made monthly reports to the Governor as was required, as to the workings of the institution, visited its different parts, including the kitchens, storerooms, dining-rooms at meal times, laundries, etc. The board, after organization, temporarily elected a president and a secretary, the law requiring the annual meeting to occur in October. Dr. William C. Krauss was elected temporary president, and Mrs. Tracy C. Becker secretary.

The board reports that it has held monthly meetings since that date. At the first meeting, after temporary organization was effected, a committee was appointed to consider the subject of subdivision of the work. The superintendent explained the scope of the work as to the hospital and welfare of the patients; discharge and reception of patients; general health of the hospital; contagious diseases; needs as to new buildings, repairs, etc.

The third Friday in each month was designated as the regular meeting day of the board. A communication received from Miss Margaret Rochester was read, in which she announced to his Excellency, Governor Higgins, that she had declined her appointment to the board of managers.

At the August meeting, besides a report as to the routine work, and the welfare of the patients, movement of population, etc., there was read by the superintendent a letter from the Department of Public Works, in which it was pointed out that it would become necessary in future for the hospital to provide some method of water storage, as the city would not be able to keep the hospital on high-pumping pressure. The legal aspect of the question was referred to Martin Clark, attorney, viz., as to the right of the city to take this stand, considering its contract to furnish the hospital with free water perpetually.

At the regular meeting September 29th, after the report from the superintendent, there was taken up the subject of a reservoir for the

BUFFALO STATE HOSPITAL ANNUAL REPORT

water supply of the hospital, and Mr. Clark gave his opinion that the hospital could not under its agreement expect the city to do more than supply the hospital with water at the hospital grounds, and could not be expected to provide a pressure which would take it into the upper stories.

A communication was also received regarding the paying of a larger fee for certain religious services, and the superintendent instructed to make application to the Commission in Lunacy for more money for the religious services of all denominations, and to have services throughout the year without the regular summer intermission.

The following special needs for the coming year were read by the superintendent:

Coal conveyor.

Refrigerator plant.

Water storage, 125,000 gallon capacity.

Wood-working machinery.

New walk to engine-room over tunnel which conveys heating pipes.

Resetting coping on wards of west wing of main building.

Rebedding stone walks Forest avenue front.

Fitting up tailor-shop and shoeshop over present workshop and tin-shop.

The committee on subdivision of the work and minor committees made the following report:

"Your committee, appointed to consider the matter of subcommittees of the Buffalo State Hospital, would suggest that the following be appointed:

"1. Committee on the care and treatment of patients (this shall include medical care, discipline and complaints).

"2. Committee on treasurer's accounts.

"3. Committee on steward's department (this shall include consideration of farm, grounds, engine-room, supplies, etc.).

"4. Committee on new buildings, repairs and betterments, machinery and appliances.

"5. Committee on domestic service, including diet, laundry, sewing-rooms, etc.

"We recommend that each of these committees consist of three persons, and that the chairman of the committee on care and treatment of patients be the physician on the board; that matters coming up under these different heads shall be reported to the chairman of the appropriate committee for decision or action at the next regular meeting or such other time as shall be decided upon.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

"We also recommend that at each regular monthly meeting the president appoint a visiting committee to serve for the succeeding month, and that this committee shall consist of at least four members of the board.

"Respectfully submitted.

"(Signed)

THE COMMITTEE "

The board of managers would say that at each and every meeting of the board, the wards have been visited, the patients talked with, and the general comfort and conditions of the wards noted. These reports have been sent to the Governor of the State and to the Lunacy Commission, and we are pleased to report that they have in all instances been favorable. We have visited the wards, kitchens and dining-rooms at various times, and are able to report that they are comfortable and well cared for. We also find that the entertainment and occupation of patients is carefully looked after, and that aside from work in the shops, in the buildings and on the grounds, lawns, etc., during the daytime, entertainments are provided in the way of billiards, games, lectures, musicals, concerts, dances, etc.

As to the medical work of the hospital we feel that it is being intelligently and diligently prosecuted. Notwithstanding the influx of many old and senile cases, that were not formerly sent to the institution in such large numbers, the recovery rate continues to be about the average, being a little higher, however, this year than the year previous.

Respectfully submitted,

JOSEPH P. DUDLEY
WILLIAM C. KRAUSS, M. D.
NATHAN WOLFF
MRS. TRACY C. BECKER
MRS. WALTER PLATT COOKE
JOHN T. DARRISON
GEORGE KENNEDY

BUFFALO STATE HOSPITAL—ANNUAL REPORT

REPORT OF TREASURER FOR YEAR ENDING SEPTEMBER 30, 1905

GENERAL FUND

Receipts

Balance on hand from last year, for salaries.....	\$111 01	
Balance on hand from last year, for wages.....	211 87	
Balance on hand from last year, for supplies.....	6,243 37	
		\$6,566 25
From comptroller, for salaries.....	\$18,600 00	
From comptroller, for wages	108,004 77	
From comptroller, for supplies.....	179,068 75	
From maintenance of reimbursing patients.....	23,731 32	
From maintenance of private patients.....	7,526 34	
From interest on bank balances.....	141 57	
From steward's return.....	710 14	
From board.....	222 14	
From refund, overpayments	1 36	
		348,006 39
		<u>\$354,572 64</u>

Disbursements

For amounts per vouchers Nos. 1 to 1,470, inclusive:	
Officers' salaries.....	\$18,631 89
Wages.....	117,774 29
Provisions and stores.....	115,812 78
Ordinary repairs.....	7,139 11
Farm and grounds.....	2,192 97

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Clothing.....	\$12,235 02	
Furniture and bedding.....	12,774 56	
Books and stationery.....	1,476 52	
Fuel and light.....	22,430 09	
Medical supplies.....	2,810 05	
Miscellaneous expenses.....	7,027 83	
Transportation of patients.	1,067 49	
	<hr/>	\$321,372 60
Receipts from general fund transmitted to State treasurer.....	31,399 23	
	<hr/>	\$352,771 83
Balance on hand to new account		<hr/> <hr/> \$1,800 81

EXTRAORDINARY IMPROVEMENTS

Receipts

From comptroller, under chapter 635, Laws 1904...	\$74,809 23
From comptroller, under chapter 702, Laws 1905...	1,000 00
	<hr/>
	\$75,809 23

Payments

Under chapter 635, Laws 1904, vouchers Nos. 150 to 278, inclusive.....	\$74,809 23
Under chapter 702, Laws 1905, voucher No. 1.....	1,000 00
	<hr/>
	75,809 23

SPECIAL FUND

Receipts

From comptroller, under chapter 700, Laws 1905...	\$5,055 94
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Payments

Under chapter 700, Laws 1905, vouchers Nos. 1 to 4, inclusive.....	5,055 94
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A. W. HURD

Treasurer

SUPERINTENDENT'S REPORT

The superintendent of the Buffalo State Hospital hereby respectfully submits to the board of managers his report for the year ending September 30, 1905:

Number of admissions during the past year.....	Men 208	Women 180	Total 388
Number of discharges during the past year.....	186	160	346
Daily average population.....	757	902	1,659
	=====	=====	=====

The number of admissions, it will be seen, still continues large, although the hospital has been relieved to a certain extent by the transfer of part of its territory to another hospital, and by the transfer of certain patients to the Gowanda State Hospital.

The year has been one of considerable activity at the hospital, aside from the medical care of patients. New buildings which have been planned and advocated for years have finally been completed.

First, a new chapel and amusement hall has been erected upon the grounds and is a comfortable, commodious, convenient structure. It is within short walking distance of all the wards, and being on the ground floor, the former climbing of stairs is done away with. The first religious service was held there July 9th by the Rev. Father McGrath, Bishop Colton presiding. It was also used July 27th for the graduation exercises of the training school for nurses, at which the Rev. Charles E. Rhodes made the graduation address. The hall has been used since the summer vacation for religious services—Protestant in the afternoon and Catholic in the morning. Also for entertainments for patients, concerts, musicals, dances, etc. The seating capacity is now 600, but this can be increased if desired.

The second improvement is the completion of the home for male nurses and male employees. The building accommodates 100. It is plain, and the rooms though small are conveniently arranged, and it promises to be a very useful building. More than one-half of the rooms are already occupied. It adjoins the amusement hall and is directly in the rear of the male wards of the main building, and the occupants while away from the scene of their daily work are at the same time in easy reach in case of emergency.

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The staff house has also been completed within the past year, and is now occupied by the members of the medical staff.

The superintendent's house has also been completed and is occupied, and the quarters formerly occupied by the entire staff in the main building are now awaiting remodeling as dormitories for patients.

These new buildings have been long sought by the institution, and are proving of the very greatest utility and comfort. The contract price for the four buildings was \$104,283.51.

The year has been marked by the restoration, by legal enactment of the Legislature, of the board of managers which was abolished in 1902. The board of visitors which took the place of the former board of managers was by the same act discontinued. The new boards of managers were constituted with powers defined under the following paragraphs, chapter 420, Laws of 1905:

"Paragraph 33. General powers and duties of boards of managers.—Subject to the statutory powers of the commission, boards of managers shall have the general direction and control of all the property and internal affairs of the institutions for which they are respectively appointed, except as otherwise provided by law. A committee consisting of one member of each board of managers, or other representative designated by such board, shall establish by-laws, rules and regulations governing the appointment and duties of officers and employees of all the State hospitals, and for the internal government, discipline and management of the same, subject to the approval of the commission. Such by-laws, rules and regulations shall be uniform for all the State hospitals, and shall not be inconsistent with the provisions of this act nor with the provisions of the civil service law and the rules and regulations established thereunder. The by-laws, rules and regulations established by the State Commission in Lunacy and in force on the first day of April, 1905, shall continue in force except as they may hereafter be modified, amended or repealed as provided by this act. The managers shall not receive any compensation for their services, but shall receive actual and necessary traveling and other expenses, to be paid after audit as other current expenditures of the hospital. Each board shall, in October of each year, elect from among its members a president and a secretary. The superintendent shall personally submit, at each monthly meeting of the board of managers, a report showing changes in population, health of patients, officers and employees; accidents, suicides, unusual sickness, infectious diseases; important occurrences relating to the welfare of the patients and to the management and discipline of the employees, and such other matters as the board may specify. Each board shall:

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“ 1. Take care of the general interests of the hospital and see that its design is carried into effect, according to law, and the by-laws, rules and regulations, made as above provided.

“ 2. Maintain an effective inspection of the hospital, for which purpose the board, or a majority of its members, shall visit and inspect the hospital at least once each month. Each board shall make a written report to the Commission and to the Governor within ten days after each inspection, such report to be signed by each member making the inspection. Such report shall state in detail the condition of the hospital and of its inmates, and such other matters pertaining to the management and affairs thereof as in the opinion of the board shall be brought to the attention of the Commission or the Governor, and may contain recommendations as to needed improvements in the hospital or in its management.

“ 3. Keep in a book provided for that purpose, a fair and full record of their doings, which shall be open at all times to the inspection of the Governor of the State, the Commissioners in Lunacy, or any person appointed by the Governor, the Commission in Lunacy, or either house of the Legislature to examine the same.

“ 4. Hold regular meetings at least once each month, and cause to be typewritten within ten days after each such meeting, the minutes and proceedings of such meeting, and cause a copy thereof to be sent forthwith to each member of such board, to the Commission and to the Governor.

“ 5. Enter in a book, kept at the hospital for that purpose, the date of each visit of each manager.

“ 6. Make to the Commission, in October of each year, a detailed report of the results of their visits and inspection, with suitable suggestions and such other matters as may be required of them by the Commission, for the year ending on the 30th day of September preceding the date of such report. Such report shall be prepared by a committee of the board, subject to the approval of the board.

“ 7. Investigate, hear and determine the truth of all charges made against the superintendent or other officer or employee of a hospital, issue subpoenas and take and hear testimony in respect to such charges. A witness attending before such board shall be entitled to the same fees as a witness attending before a court of record or a judge thereof, which shall be paid as other hospital charges. The resident officers shall admit such managers into every part of the hospital and its buildings, and exhibit to them on demand all the books, papers, accounts and writings belonging to the hospital, or

BUFFALO STATE HOSPITAL—ANNUAL REPORT

pertaining to its business, management, discipline or government, and furnish copies, abstracts and reports whenever required by them. (Thus amended by chapter 490, Laws of 1905.)”

The board of visitors, which has been visiting the hospital and reporting monthly, according to the law of 1902, made its last visit May 20, 1905, and consisted of—

James Atwater, president,
Mrs. Tracy C. Becker, secretary,
Nathan Wolff,
Walter Platt Cooke,
Dr. William C. Krauss.

The Governor appointed the following members of the board of managers:

Dr. William C. Krauss,
Mrs. Tracy C. Becker,
J. P. Dudley,
Nathan Wolff,
John T. Darrison,
George Kennedy,
Miss Margaret Rochester.

The board of managers met July 19th and effected temporary organization until the annual meeting to occur in October.

The board received notice from Miss Margaret Rochester that she had declined the appointment and had not qualified. The board made temporary organization as follows:

Dr. William C. Krauss, president,
Mrs. Tracy C. Becker, secretary.

Prior to the date of this report the board held a meeting each month, and a special meeting with the Lunacy Commission had been arranged for the 9th of October. The reports of the board of visitors, until the time when it went out of office, were regularly sent to the Lunacy Commission and the Governor, and the notes of visitation, condition of the wards, patients, etc., were duly recorded.

The movement of patients during the past year has been as follows:

	Men	Women	Total
Patients in hospital September 30, 1904..	757	902	1,659
Admitted during the year.....	208	180	388
	<hr/>	<hr/>	<hr/>
Total.....	965	1,082	2,047
	<hr/>	<hr/>	<hr/>

BUFFALO STATE HOSPITAL—ANNUAL REPORT

Discharged:

Recovered.....	44	43	87
Improved.....	43	44	87
Unimproved.....	25	18	43
Died.....	64	50	114
As not insane (inebriates, etc.).....	10	5	15
Total.....	186	160	346
Remaining in hospital September 30, 1905	779	922	1,701
Maximum number under care.....			1,688
Minimum number under care.....			1,629
Daily average under care.....	759	902	1,659
Percentage of recoveries to number of new admissions.....			23.40
Percentage of recoveries to average population			5.30
Percentage of recoveries to number discharged.....			25.07
Percentage of recoveries to number discharged, exclusive of deaths, inebriates and transferred.....			47.54
Percentage of recoveries to total number of admissions.....			22.66
Percentage of deaths to daily average population.....			.06

Changes in the medical staff: Dr. Paul B. Brooks, of Norwich, N. Y., has been appointed to the position of junior assistant physician, and the vacancy left by the resignation of Dr. John G. Fitzgerald, interne, has been filled by Dr. Walter L. Pannell, late of Craig Colony for Epileptics, Sonyea, N. Y.

Dr. C. J. Patterson, who had been on the staff of this hospital since December, 1897, was, at his own request, transferred to the Manhattan State Hospital, Ward's Island, New York, October 31, 1904, having given seven years of faithful service to this institution.

Visits made by the Lunacy Commission have been four in number, as follows: By Dr. Mabon on the 2d of December, 1904, and May 30, 1905. On the 31st of May by Commissioners Parkhurst and Lockwood. August 25th, Dr. Russell visited. He also visited December 21st and May 12th for the purpose of examining papers.

The medical work of the hospital has been prosecuted with zeal and diligence by every member of the staff during the past year. Three staff meetings are held each work—two of them clinical, studying the different phases of mental disease upon the wards, and one meeting is devoted to a review of the articles appearing in the differ-

BUFFALO STATE HOSPITAL—ANNUAL REPORT

ent medical journals. Articles of value are abstracted by different members of the staff; also original articles are read. The different members of the staff also visit the Pathological Institute, and close cooperation with Dr. Meyer, director of the Pathological Institute, is maintained. Specimens are sent the institute with accompanying clinical histories, and the resulting studies on the part of the staff and institute are helpful. Dr. Meyer also visits the hospital, goes over the work being done in our laboratories and gives advice as to lines of work which can be advantageously followed.

The clinics for the students of the senior class of the University of Buffalo were during the past year given by the superintendent for Professor Floyd S. Crego, who was absent in Europe. The lectures were well attended, and the clinical material studied by an appreciative class.

A résumé of the pathological work of the hospital for the past year is hereby given by Dr. Joseph B. Betts:

Forty-five autopsies have been performed during the year, and in each case material has been preserved and examined microscopically. Seven cases of general paralysis were studied with special reference to the occurrence of plasma cells in the brain. They were present in all the cases, but were not found in any of the other mental diseases except in one case of syphilitic encephalitis.

There have been three cases of cancer—one primary of the liver; one of the mammary gland, with metastases in the lung and liver, and one of the pancreas.

One case of sarcoma involving the posterior thoracic wall, which followed sarcoma of the tibia, the leg having been amputated on this account two and one-half years previously.

Rupture of the heart was found in one case.

Tuberculosis in only three cases.

Pneumonia in varying degrees, eight cases.

In nine of the cases, the kidneys showed very marked alterations the arterio-sclerotic form being perhaps the most frequent. Practically all the cases showed some slight interstitial increase, which is not remarkable when we consider the average age of the patients who came to autopsy was 54 years.

Among the cases of special interest might be mentioned that of a man 48 years of age who had been infected with syphilis six months previously. On admission to the hospital he showed the secondary eruption and was confused and somewhat delirious. He soon became comatose and died. Autopsy showed diffuse inflammation of the brain cortex, with thickened membranes. There was a large area of

BUFFALO STATE HOSPITAL—ANNUAL REPORT

softening in the right frontal region, and a small gummatous patch in the pia at the base of the right frontal lobe. Vessels throughout the brain were markedly diseased.

Another case with alcoholic history, clinically resembled multiple neuritis, but autopsy showed that the peripheral nerves were not degenerated. The patient was very anaemic and the bone marrow showed microscopically the changes of pernicious anaemia. The spinal cord showed combined sclerosis affecting both the posterior and the lateral columns, not very closely limited to the separate motor and sensory tracts.

One case of general paralysis showed a large gumma of the pancreas.

The brains from three organic cases have been sent to the Pathological Institute for examination, and reports have been received.

Routine examinations of urine and sputum have been carried on. Also examinations of the blood, and the Widal test made when indicated.

A nurse has been detailed to assist in the laboratory, and has been trained to preserve the tissues and catalogue them, and to imbed, cut and stain sections.

Gross and microscopical specimens have been demonstrated at the staff meetings.

The ophthalmological department has been under the care of Dr. F. Park Lewis, of Buffalo, as heretofore, and with the same satisfactory results. The same may be said of the dental work of the institution, under the care of Dr. C. A. Bradshaw, who has occupied the position for a number of years.

The lectures of the training school have been carried on as heretofore, and all the members of the staff have been engaged in giving instruction. The following is a list of graduates of the training school for the year 1905:

MEN

POWERS, JOHN F.,
MOONEY, ARTHUR J.,
PEACOCK, JOHN F.,
HERON, CHARLES,
BUDLONG, ROBERT L.

WOMEN

MCARTHUR, JENNIE K.,
HAYES, MARGARET,
ORMSBY, ALMIRA,
DILDINE, MARY M.,
TYLER, ELIZABETH,
BANNISTER, MARY,
SCANLON, ANNA H.,
CAMPBELL, HELEN,
FOSTER, LENA E.,
MCNULTY, ANNA,
EVANS, ELLA A.

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EMPLOYMENT

So valuable an agency as employment has not been neglected in the past year. Not only is the assistance of patients necessary in the work of a large institution, but it is fortunately one of the best agents for promoting recovery where this is possible, and securing contentment in those whose illness is of a chronic character.

A list of the different forms of occupation may be of interest, with the numbers employed on a certain day:

Dining-rooms.....	182
Dormitories.....	106
Fancy work.....	23
Ward work.....	282
Sewing.....	115
Baker.....	2
Barber.....	2
Butcher.....	2
Carpenter.....	1
Cottages.....	9
Firemen.....	10
Kitchen.....	26
Laundry.....	87
Mason.....	1
Mattress-making.....	15
Offices and halls.....	4
Painter.....	4
Sewing-room.....	35
Shoemaker.....	7
Storekeeper.....	2
Tailor.....	7
Upholsterer.....	1
Farm.....	15
Garden.....	4
Lawns.....	17
Stables.....	3
Tinsmith.....	2
Florist.....	1
"Pick up".....	3
Lanterns.....	2
Electrician.....	1

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Of the 1,239 patients who were able to be out of doors for exercise, 971 were employed. Of course it must be remembered that there are many who are either ill in bed or too feeble to engage in any occupation.

LIBRARY

The library has been in constant use by the patients, who have drawn out during the year 4,480 books. One hundred and seven books have been added since our last report, and our library now consists of 1,465 books.

The usual forms of amusement and recreation were afforded during the year, with the accustomed benefit and pleasure to the patients.

The fortnightly dances were continued as heretofore, and the following entertainments were given and much enjoyed:

Legerdemain, by Frederick Palmer.

Chalk talk, by Pitt Parker.

Frank Butler, with company of 12 colored singers.

The Vaudevillians, under direction of Mr. O'Connor.

Recital, "Mrs. Wiggs of the Cabbage Patch," by Lila Gladden Cole.

University of Buffalo Mandolin and Glee Club.

Musical and literary entertainment, by Nellie M. Gould.

Entertainment, by Mrs. Tillie Inman Fox and others.

Songs and recitations, by Walter Eccles.

One-act sketch, "Second Thoughts," by Mrs. E. Touts and others.
W. H. McCollin, entertainer.

.Comedy in three acts, "The Flower of the Family," by Harry Cooper and company.

Entertainment, by Mrs. Merchant and friends.

Band concert on lawn in July.

Card party on ward 13 (progressive euchre).

On August 2d, 50 women patients spent the day on Grand Island.

On August 22d, 25 men patients attended a circus in the city.

RELIGIOUS SERVICES

Religious services were held regularly by the clergymen of different denominations in this city, and frequent visits have been made to the sick. The following clergymen have conducted the services:

Rev. Charles E. Rhodes,
Rev. Robert Scott,
Rev. George B. Richards.

Rev. Thomas B. Berry,
Rev. W. M. Rownd,
Rev. J. H. McGrath.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

The hospital finds itself indebted at the close of this year for gifts of books, magazines, papers, etc., to the following, to whom thanks are extended:

Mrs. Hopkins, Dr. D. H. McCoy, J. H. Richmond, Mrs. Charles S. Parke, W. H. Peabody, Miss Aspinwall, Rev. Charles E. Rhodes, L. W. McKnight.

We also wish to thank the following-named newspapers for free copies of their papers, which have been greatly appreciated:

Binghamton Herald, Batavia Daily News, Buffalo Sunday News, Rochester Abendpost, Le Roy Gazette, Niagara Courier, Elmira Gazette, Allegany County Democrat, Olean Gazette, Olean Democrat, Buffalo Sunday Times, Cattaraugus Republican, Seneca County Courier, Mount Morris Union, Addison Advertiser, Steuben Courier, and Batavia Times.

I wish to make acknowledgment to the officers, nurses, and employees who have worked faithfully during the past year for the success of the institution and the welfare of the patients.

I am also under obligations to the State Commission in Lunacy and to members of the board of managers for directions, suggestions and advice.

ARTHUR W. HURD

Superintendent

SEVENTEENTH ANNUAL REPORT OF THE
BUFFALO STATE HOSPITAL—ANNUAL REPORT

STEWARD'S REPORT

From October 1, 1904, to September 30, 1905

Stock Report

Horses.....	11
Swine.....	280
Chickens.....	300

Farm Products

Hay, tons.....	33
Straw, tons.....	12½
Oats, bushels.....	876
Pork, pounds.....	27,480
Lard, pounds.....	8,430
Eggs, dozens.....	542
Poultry, pounds.....	183
Wheat, bushels.....	74

Garden Products

Asparagus, bunches.....	172
Beans, string, bushels.....	26½
Beets, bushels.....	318
Beet, greens, bushels.....	2
Cabbage, pounds.....	48,000
Carrots, bushels.....	218½
Celery, heads.....	4,423
Corn, ears.....	8,265
Cucumbers, bushels.....	17
Cauliflower, heads.....	242
Currants, quarts.....	123
Grapes, pounds.....	2,392
Gooseberries, quarts.....	30
Pears, bushels.....	5
Lettuce, bushels.....	293
Onions, green, bunches.....	833
Onions, bushels.....	32
Pieplant, bunches.....	2,240
Plums, bushel.....	1
Peas, bushels.....	290
Parsnips, bushels.....	16

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Radishes, bunches.....	1,555
Raspberries, quarts.....	285
Spinach, bushels.....	110½
Turnips, bushels.....	277
Tomatoes, bushels.....	201
Squash, pounds.....	4,605
Parsley, bunches.....	173

STATISTICAL TABLES

TABLE No. I

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904.....	757	902	1,659
Admitted during year ending September 30, 1905.....	208	180	388
On original commitments:			
From residences.....	202	174	376
By transfers from county houses.....	.....	.....	.....
By transfers from other institutions for insane.....	6	6	12
Total number under treatment during year....	965	1,082	2,047
Daily average population.....	757	902	1,659
Capacity of institution.....	771	907	†1,678
Discharged during the year:			
As recovered.....	44	43	87
As improved.....	43	44	87
As unimproved.....	25	18	43
As not insane*.....	10	5	15
Died.....	64	50	114
Whole number discharged during the year....	186	160	346
Remaining October 1, 1905.....	779	922	1,701

	Men	Women	Total
*Inebriates.....	10	5	15
Morphine habit.....
Total.....	10	5	15

† To go into effect when beds are obtainable

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TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	1880
Total acreage of grounds and buildings.....	183
Value of real estate, including buildings.....	\$2,500,000 00
Value of personal property, estimated.....	111,650 04
Acreage under cultivation.....	61½

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$6,566 25
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	315,673 52
From private patients.....	7,526 34
From reimbursing patients.....	23,731 32
From all other sources.....	1,075 21

Total receipts for maintenance.....	\$354,572 64
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$75,809 23
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$18,631 89
Estimate No. 2. For wages.....	117,774 29
Estimate No. 3. For provisions and stores.....	115,812 78
Estimate No. 4. For ordinary repairs.....	7,139 11
Estimate No. 5. For farm and grounds.....	2,192 97
Estimate No. 6. For clothing of patients.....	12,235 02
Estimate No. 7. For furniture and bedding.....	12,774 56
Estimate No. 8. For books and stationery.....	1,476 52
Estimate No. 9. For fuel and light.....	22,430 06
Estimate No. 10. For medical supplies.....	2,810 05
Estimate No. 11. For miscellaneous expenses.....	7,027 83
Estimate No. 12. For transportation.....	1,067 49

Total disbursements, estimates 1 to 12 inclusive.....	\$321,372 60
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Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$75,809 23
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BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Remitted to State treasurer, Chapter 580, Laws 1899.....	\$31,399 23
<hr/>	
Balances October 1, 1905:	
General maintenance fund.....	\$1,800 81
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3 72½
<hr/>	
Maximum rate of wages paid attendants:	
Men.....	\$42 25
Women.....	36 00
<hr/>	
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
<hr/>	
Proportion of day attendance to average daily population.....	1 to 11.21
Proportion of night attendants to average daily population.....	1 to 48.65
Percentage of daily patient population engaged in some kind of useful occupation.....	about 60
<hr/>	
Estimated value of farm and garden products dur- ing year.....	\$5,206 16
Estimated value of articles made or manufactured by patients during year.....	19,879 18
<hr/>	

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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	3	6	9	1	3	4	2
Mental strain, worry and overwork (not included in above).....	11	9	20	.....	4	4	.....
Love affairs (including seduction).....	.....	2	2	.....	.....	.....	2
Fright and nervous shock....	.....	4	4	.....	1	1	3
Physical:							
Intemperance.....	41	12	53	3	3	6	14
Venereal diseases.....	19	6	25	4	1	5	2
Masturbation.....	5	.....	5	.....	.....	.....	1
Sunstroke.....	1	.....	1	1	.....	1	.....
Accident or injury.....	9	3	12	2	.....	2	.....
Pregnancy.....	.....	3	3	.....	2	2	.....
Parturition and puerperium.....	.....	4	4	.....	3	3	1
Lactation.....	.....	5	5	.....	1	1	.....
Change of life.....	.....	12	12	.....	4	4	.....
Fevers.....	1	1	2	.....	.....	.....	.....
Epilepsy.....	6	3	9	.....	1	1	2
Diseases of skull and brain.....	5	2	7	.....	1	1	2
Old age.....	12	13	25	2	3	5	7
Abuse of drugs.....	.....	3	3	.....	1	1	1
All other bodily disorders and ill health.....	12	16	28	2	6	8	3
Hereditary.....	24	28	52	24	28	52	.....
Congenital defect....	13	7	20	3	1	4	8
Unascertained.....	30	37	67	5	8	13	12
Not insane.....	16	4	20	2	1	3	5
Total.....	208	180	388	49	72	121	65

**SEVENTEENTH ANNUAL REPORT OF THE
BUFFALO STATE HOSPITAL—ANNUAL REPORT**

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1905, and since October 1, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	36	19	8
General paralysis.....	38	.....	26
Senile insanity.....	27	.....	22
Epilepsy with insanity.....	11	.....	3
Imbecility, idiocy with insanity.....	22	.....	1
Other psychoses.....	234	68	54
*Not insane.....	20
Total.....	388	87	114

*Includes cases of alcoholism, drug habit, etc.

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TABLE No. 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under on month.....	18	15	33	.....	.....	.....	304	272	576	26	14	40
One to three months.....	5	5	10	5	10	15	192	176	368	244	125	369
Three to six months.....	4	3	7	18	18	36	93	99	192	252	241	493
Six to nine months.....	2	2	4	11	7	18	49	54	103	143	154	297
Nine months to one year.....	2	.....	2	5	3	8	22	13	35	78	79	157
One year to eighteen months.....	2	4	6	.....	1	1	44	34	78	59	72	131
Eighteen months to two years.....	2	2	4	1	1	2	9	14	23	27	31	58
Two to three years.....	.....	.....	.....	3	1	4	22	25	47	19	28	47
Three to four years.....	.....	.....	.....	.....	2	2	15	6	21	9	15	24
Four to five years.....	.....	.....	.....	1	.....	1	4	2	6	7	5	12
Five to ten years.....	.....	.....	.....	.....	.....	.....	6	8	14	5	5	10
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	8	7	15	.....	.....	.....
Unascertained.....	9	12	21	101	59	160
Total.....	44	43	87	44	43	87	869	769	1,638	869	769	1,638

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TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				1	6	7
Diphtheria.....				2		2
Erysipelas.....	1		1	15	3	18
Septicemia and pyemia..				9	2	11
Dysentery.....	1		1	18	25	43
Syphilis.....				1		1
Tuberculosis.....	6	7	13	81	69	150
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....					2	2
Diseases of the digestive system:						
Diseases of the stomach.....				2	2	4
Diseases of the intestines	1	2	3	35	40	75
Diseases of the liver.....				5	4	9
Diseases of the peritoneum.....				5	2	7
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				2	1	3
Diseases of the bronchi..				1	5	6
Diseases of the lungs....	5	5	10	70	66	136
Diseases of the pleura...				9	1	10
Diseases of the circulatory system:						
Diseases of the pericardium.....				1	2	3
Diseases of the heart....	5	12	17	46	55	101
Arterio-sclerosis.....	1	4	5	14	10	24
Aneurism.....	1		1	3	2	5
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....				2	4	6
Hodgkin's disease, Addison's disease and myxœdema.....				1	1	2

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Exophthalmic goitre.....					3	3
Diseases of the genito- urinary system.....	1	2	3	34	37	71
Diseases of the ner- vous system:						
Diseases of the spinal cord.....				4	1	5
Diseases of the men- inges.....	1		1	22	13	35
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	5	2	7	69	52	121
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia).....					3	3
Epilepsy.....	1	1	2	35	20	55
Mental diseases:						
Exhaustion of acute mental disease.....	3		3	97	88	185
Exhaustion of chronic mental disease.....	3	1	4			
General paralysis of the insane.....	20	5	25	277	64	341
The intoxications; heat-stroke; obesity:						
Alcoholism.....				1		1
Opium habit.....	1		1	1		1
Debility of old age.....	6	5	11	115	104	219
Accident.....				4	3	7
Suicide.....	1		1	10	6	16
Surgical and gynecolo- gical diseases and diseases of the skin....				7	4	11
Malignant new growths or cancer.....	1	4	5	15	25	40
Total.....	64	50	114	1,014	725	1,739

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TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	17	25	42	259	218	477
Maternal branch.....	20	25	45	239	284	523
Paternal and maternal branches.....	7	2	9	32	24	56
Collateral branches.....	22	20	42	277	390	667
No hereditary tendency.	99	72	171	1,981	1,633	3,614
Unascertained.....	43	36	79	1,173	1,034	2,207
Total.....	208	180	388	3,961	3,583	7,544

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	92	53	145	1,796	1,212	3,008
Married.....	96	97	193	1,741	1,670	3,411
Widowed.....	15	24	39	353	646	999
Divorced.....	2	6	8	27	35	62
Unascertained.....	3	.....	3	44	20	64
Total.....	208	180	388	3,961	3,583	7,544

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	5	3	8	70	9	79
Academic.....	11	7	18	192	168	360
Common school.....	165	157	322	2,462	2,142	4,604
Read and write.....	10	4	14	427	307	734
Read only.....	3	.....	3	186	214	400
No education.....	8	3	11	250	266	516
Unascertained.....	6	6	12	374	477	851
Total.....	208	180	388	3,961	3,583	7,544

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. II
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	9	1	10	11	6	17	85	69	154	180	102	282
One to three months.....	10	6	16	8	4	12	119	75	194	130	77	207
Three to six months.....	7	7	14	7	.....	7	75	68	143	103	84	187
Six to nine months.....	7	.....	7	5	4	9	69	36	105	80	63	143
Nine months to one year.....	1	.....	1	3	.....	3	22	11	33	68	43	111
One year to eighteen months.....	3	2	5	5	5	10	89	41	130	90	65	155
Eighteen months to two years.....	3	.....	3	2	.....	2	31	15	46	62	32	94
Two to three years.....	5	4	9	8	6	14	79	57	136	117	63	180
Three to four years.....	4	3	7	5	3	8	50	34	84	65	44	109
Four to six years.....	6	1	7	5	7	12	52	36	88	66	59	125
Six to ten years.....	1	3	4	3	12	15	57	44	101	44	73	117
Ten to twenty years.....	2	6	8	2	2	4	70	45	115	8	17	25
Twenty years and over.....	.....	2	2	.....	1	1	39	44	83	.....	2	2
Not insane*.....	.....	.....	.....	.....	.....	.....	2	2	4	1	1	2
Unascertained.....	6	15	21	.....	.....	.....	175	148	323	.....	.....	.....
Total.....	64	50	114	64	50	114	1,014	725	1,739	1,014	725	1,739
Average duration of insane life (give years and tenths).				4.2	11.4	7.8	.....	.....	.....	5.9	7.3	6.6

* Includes cases of alcoholism, drug habits, etc.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....				1	.....	1
From 10 to 15 years.....				12	10	22
From 15 to 20 years.....	10	3	13	158	137	295
From 20 to 25 years.....	20	15	35	325	258	583
From 25 to 30 years.....	27	26	53	442	370	812
From 30 to 35 years.....	20	23	43	481	452	933
From 35 to 40 years.....	35	25	60	579	447	1,026
From 40 to 50 years.....	41	48	89	819	734	1,553
From 50 to 60 years.....	22	16	38	546	558	1,104
From 60 to 70 years.....	23	12	35	344	341	685
From 70 to 80 years.....	7	6	13	184	203	387
From 80 to 90 years.....	3	5	8	60	62	122
Over 90.....		1	1	1	5	6
Unascertained.....				9	6	15
Total.....	208	180	388	3,961	3,583	7,544

TABLE No. 13

Showing ages of those discharged recovered during the current year and
since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	3	4	7	57	78	135
From 20 to 30 years.....	16	15	31	237	246	483
From 30 to 40 years.....	8	7	15	248	215	463
From 40 to 50 years.....	11	14	25	189	132	321
From 50 to 60 years.....	3	3	6	93	73	166
From 60 to 70 years.....	3	.....	3	37	18	55
From 70 to 80 years.....	.....	.....	.....	8	7	15
Total.....	44	43	87	869	769	1,638

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				2	2	4
From 15 to 20 years....	1	1	2	15	7	22
From 20 to 25 years....	3		3	33	18	51
From 25 to 30 years....	4	1	5	40	37	77
From 30 to 35 years....	2	4	6	89	51	140
From 35 to 40 years....	6	2	8	144	66	210
From 40 to 50 years....	17	6	23	212	112	324
From 50 to 60 years....	13	9	22	165	132	297
From 60 to 70 years....	11	14	25	146	134	280
From 70 to 80 years....	5	7	12	116	108	224
From 80 to 90 years....	2	5	7	48	53	101
Over ninety.....		1	1	1	5	6
Unascertained.....				3		3
Total.....	64	50	114	1,014	725	1,739

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	28	32	60
One to three months.....	30	28	58
Three to six months.....	12	14	26
Six to nine months.....	17	14	31
Nine months to one year.....	11	3	14
One year to eighteen months.....	22	14	36
Eighteen months to two years.....	10	7	17
Two to three years.....	11	8	19
Three to four years.....	5	5	10
Four to five years.....	2	3	5
Five to ten years.....	10	13	23
Ten to fifteen years.....	4	1	5
Fifteen to twenty years.....	5	5	10
Twenty to thirty years.....	3	3	6
Thirty years and upward.....	4	1	5
Not insane*.....	16	4	20
Unascertained.....	18	25	43
Total	208	180	88

*Includes cases of alcoholism, morphia habit, etc.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	20	15	35
One to three months.....	34	28	62
Three to six months.....	31	33	64
Six to nine months.....	18	19	37
Nine months to one year.....	25	26	51
One year to eighteen months.....	27	35	62
Eighteen months to two years.....	32	39	71
Two to three years.....	56	52	108
Three to four years.....	45	50	95
Four to five years.....	28	54	82
Five to ten years.....	299	368	667
Ten to fifteen years.....	140	162	302
Fifteen to twenty years.....	21	21	42
Twenty to thirty years.....	3	20	23
Total.....	779	922	1,701

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	4	.....	4	149	12	161
Commercial: Bankers, merchants, ac- countants, clerks, salesmen, shopkeep- ers, shopmen, stenog- raphers, typewriters, etc.....	37	.....	37	583	10	593
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc.....	19	.....	19	572	.....	572
Mechanics at out- door vocations: Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc...	48	.....	48	727	.....	727
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	17	.....	17	432	.....	432
Domestic service: Waiters, cooks, servants, etc.....	2	22	24	44	787	831
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	2	129	131	35	2,099	2,134

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales- women, stenographers, typewriters, etc.....	.....	7	7	.....	47	47
Employed in seden- tary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	.....	6	6	.....	139	139
Miners, seamen, etc.....	4	.....	4	45	.....	45
Prostitutes.....	.....	1	1	.....	16	16
Laborers.....	65	.....	65	1,100	.....	1,100
No occupation.....	7	15	22	222	406	628
Unascertained.....	3	.....	3	52	67	119
Total.....	208	180	388	3,961	3,583	7,544

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Antigua.....	1	.....	1	1	.....	1
Austria.....	1	.....	1	18	15	33
Africa.....	.....	.....	.....	2	.....	2
Armenia.....	.....	.....	.....	1	.....	1
Australia.....	.....	.....	.....	2	.....	2
Barbadoes.....	.....	.....	.....	2	.....	2
Belgium.....	.....	.....	.....	1	1	2
Brazil.....	.....	.....	.....	1	.....	1
Canada.....	11	16	27	145	224	369
China.....	.....	.....	.....	1	.....	1
Cuba.....	.....	.....	.....	1	1	2
Denmark.....	2	.....	2	7	2	9
England.....	3	8	11	120	123	243
Finland.....	.....	.....	.....	3	1	4
France.....	.....	1	1	21	12	33
Germany.....	22	25	47	533	532	1,065
Greece.....	1	.....	1	2	.....	2
Holland.....	.....	.....	.....	6	9	15
Hungary.....	1	1	2	11	7	18
Indian (American).....	.....	.....	.....	5	6	11
Ireland.....	7	10	17	331	490	821
Italy.....	4	3	7	52	20	72
Jamaica.....	.....	.....	.....	.....	1	1
Malta.....	.....	.....	.....	1	.....	1
New Foundland.....	.....	.....	.....	.....	1	1
Norway.....	.....	.....	.....	7	4	11
Poland.....	9	9	18	73	85	158
Russia.....	1	1	2	21	23	44
Scotland.....	3	2	5	23	29	52
Spain.....	.....	.....	.....	.....	1	1
Sweden.....	1	2	3	52	44	96
Switzerland.....	1	.....	1	18	10	28
Wales.....	.....	.....	.....	4	4	8
United States.....	139	102	241	2,411	1,859	4,270
Unascertained.....	1	.....	1	85	79	164
Total.....	208	180	388	3,961	3,583	7,544

Of the total number admitted since the 1st of October, 1888, the parents of 60.74 per cent. were both of foreign birth.

In 3.59 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.03 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....	1		1
Broome.....			
Cattaraugus.....		2	2
Cayuga.....			
Chautauqua.....	1		1
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	302	8	310
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	1	2	3
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....		1	1
Montgomery.....			
Nassau.....			
New York.....		1	1
Niagara.....	54	1	55
Oneida.....	1		1
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....	3	2	5
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....			

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	1		1
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....	6	1	7
Yates.....			
Soldiers' Home.....			
Total.....	370	18	388

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....		4	4			
Allegany.....	1	3	4			
Broome.....						
Cattaraugus.....	3	3	6		1	1
Cayuga.....						
Chautauqua.....		6	6		4	4
Chemung.....		1	1		1	1
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....	1		1			
Erie.....	600	644	1,244	4	7	11
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....	2	15	17			
Greene.....						
Hamilton.....						
Herkimer.....		3	3			
Jefferson.....						
Kings.....						
Lewis.....						
Livingston.....	2	2	4	1		1
Madison.....		1	1			
Monroe.....	10	5	15	2	1	3
Montgomery.....						
New York.....	46	74	120			
Niagara.....	91	94	185		1	1
Oneida.....	1	3	4			
Onondaga.....		4	4			
Ontario.....						
Orange.....		1	1			
Orleans.....	6	12	18			
Oswego.....						
Otsego.....						
Putnam.....						
Queens.....		3	3			
Rensselaer.....	1	5	6			
Richmond.....	1	5	6			
Rockland.....		1	1			

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
St. Lawrence.....						
Saratoga.....						
Schenectady.....						
Schoharie.....						
Schuyler.....						
Seneca.....						
Steuben.....	2	1	3		1	1
Suffolk.....	1	1	2			
Sullivan.....		2	2			
Tioga.....						
Tompkins.....	1		1			
Ulster.....		1	1			
Warren.....						
Washington.....						
Wayne.....		1	1			
Westchester.....		3	3			
Wyoming.....	3	7	10		1	1
Yates.....						
Unascertained.....						
Total.....	772	905	1,677	7	17	24

TWENTY-SEVENTH ANNUAL REPORT
OF THE
MANAGERS
OF THE
BINGHAMTON STATE HOSPITAL
AT BINGHAMTON, N. Y.

TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905

**Twenty-seventh Annual Report of the Managers of the Binghamton
State Hospital**

To the State Commission in Lunacy:

Gentlemen—We have the honor to submit herewith the 27th annual report of the Binghamton State Hospital, for the year ending September 30, 1905.

Very respectfully yours

KATHARINE ELY
JERVIS LANGDON
ANDREW J. FRENCH
WILLIAM MASON
C. F. McCORMICK
ELLEN T. FISH
GEO. C. BAYLESS

OFFICERS

Board of Managers

MRS. KATHARINE ELY, President.....Binghamton
JERVIS LANGDON, Secretary.....Elmira
ANDREW J. FRENCH.....Oneida
MISS ELLEN T. FISH.....Oneida
GEORGE C. BAYLESS.....Binghamton
CORNELIUS F. McCORMICK.....Binghamton
WILLIAM MASON.....Binghamton

Counsel

HARVEY D. HINMAN.....Binghamton

Treasurer

CHARLES G. WAGNER, M. D.....Binghamton

Resident Officers

CHARLES G. WAGNER, M. D.....Superintendent
HORACE W. EGGLESTON, M. D....First Assistant Physician
ARTHUR P. SUMMERS, M. D....Second Assistant Physician
EDWARD GILLESPIE, M. D.....Assistant Physician
JAMES V. MAY, M. D.....Assistant Physician
CHARLES G. LYON, M. D.....Assistant Physician
MARY CLAYTON, M. D.....Woman Physician
LEMUEL R. HURLBUTT, M. D.....Medical Intern
EDWIN EVANS.....Steward
MRS. LURA SINCLAIR.....Matron

ANNUAL REPORT

State Commission in Lunacy, Albany:

Gentlemen—In compliance with the statutory requirements the board of managers of the Binghamton State Hospital submit their report of the operations and management of the hospital for the year ending September 30, 1905. The first meeting of the board after its creation was held at the hospital June 30, 1905. At this meeting Mrs. Katharine Ely, of Binghamton, was elected president and Jervis Langdon, of Elmira, secretary. Monthly meetings were thereafter held at the hospital with the exception of the month of August during which no meeting was held. The period during which the board has been in existence covers about one-third of the year, but as several members of the board of managers were members of the board of visitation and still earlier of the previous board of managers their acquaintance with the needs of the hospital is broader than perhaps would have been possible had their connection with the institution dated only from their appointments as members of the present board.

At the regular monthly meetings which have been held the board has given careful attention to the conditions of the hospital and its members have made visits to its wards, shops, farms, etc., on other occasions. The general condition of the institution as observed has been good and the patients have appeared comfortable and as a rule contented.

The new pavilion, Edgewood, for the care and treatment of patients suffering from tuberculosis is admirably located and appears to be well adapted to the purpose for which it is designed. It has been occupied by 100 patients since the first of June, 1905, and with few exceptions these patients have improved in general health. They have gained in weight and have suffered much less from cough and other special symptoms for which they are being treated. The large open verandas facing the south are very useful for the weaker patients who are unable to take much exercise, but in hot weather they are a little too much exposed to the direct rays of the sun. Arrangements, however, have been made for awnings which will remedy this defect.

The apartments formerly occupied by the superintendent are being arranged for the use of patients. An addition for dining-room and bathroom accommodations is being built in the rear and when the work is completed satisfactory accommodations for about 80 more patients will be provided.

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

The records of the year as compiled by the superintendent shows that there were in the hospital October 1, 1904, 1,412 patients, of whom 663 were men and 749 women; there were received during the year 343 patients, 169 of whom were men and 174 were women; 288 patients were discharged—39 men and 59 women as recovered; 15 men and 34 women as improved; five men and nine women as unimproved, and 58 men and 69 women died. There remained under treatment at the end of the year 715 men and 752 women, a total of 1,467 patients.

A noticeable feature of the hospital management is the large amount of personal liberty allowed the patients, many of whom have parole of the grounds and some are permitted to take long walks into the country and occasionally to go to the city. In the summer and autumn many of these patients find much pleasure in gathering berries, nuts, and other small fruits for which, in some instances, they find ready market and add to their comfort with the money thus obtained. In the shops, in the gardens, and on the farm, congenial occupation is afforded to many patients who enjoy better health as a result of the exercise taken and frequently improve in mind while their hands are busy with labor of considerable value in the economical administration of the institution.

The cost of maintaining the hospital for the year ending September 30, 1905, as shown by the treasurer's report was \$285,627.14. Under the systematic scheme now followed in the steward's office the disbursements are arranged under 12 headings as follows:

	Weekly per capita	Annual per capita	Total cost
Officers' salaries.....	\$0.224	\$11.628	\$16,616 63
Wages.....	1.498	77.902	111,321 62
Provisions and stores.....	1.123	58.411	83,468 69
Ordinary repairs.....	.069	3.613	5,162 69
Farm and grounds.....	.095	4.942	7,062 73
Clothing.....	.090	4.670	6,673 52
Furnishing and bedding..	.073	3.809	5,442 92
Books and stationery.....	.025	1.327	1,896 18
Fuel and light.....	.500	26.003	37,158 68
Medical supplies.....	.018	.946	1,351 79
Miscellaneous expenses....	.093	4.820	6,887 89
Transportation of patients	.035	1.808	2,583 80
	\$3.843	\$199.879	\$285,627 14

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

The annual per capita cost for the year just closed was \$199.879; this rate is somewhat higher than in the preceding year but the increase is largely due to the new schedule of wages established by the Legislature and which went into effect October 1, 1904. In this connection we think it worthy of mention that the item for fuel and lighting at this hospital is notably larger than appears to be the case with similar institutions in other parts of the State. This high cost it is believed is due to the arrangement of the heating system which requires the maintenance of a long high-pressure pipe line and the delivery of steam for power purposes so far away from the boilers that when applied to the engines it is wet and much less effective than it should be. This board is not prepared to recommend a better system but is of the opinion that the question of concentrating the power plant at the riverside close to the boiler-house is worthy of consideration.

It is believed that the time has come when earnest consideration should also be given to the future electric lighting of this hospital. When the original plant was installed 12 years ago it was thought that the direct current was the only current that could be safely and satisfactorily used for lighting purposes. A plant of this character was therefore installed with the engines and dynamos centrally located in a building erected for the purpose. Copper cables of great size were necessary to convey the lighting current to the various buildings. These cables, covered with a weather proof material, were placed underground in the steam ducts to the walls of which they were secured by means of brackets. During the 12 years that they have been in service leakage from the steam line has kept these underground ducts full of moisture and during the greater part of the time at high temperature. The result has been that the weather-proof covering of these great cables is now rotten and comes off with slight interference. It is, therefore, evident that within a year or two at most, new cables will be required. Furthermore, the old cables now lack carrying capacity as it has been found necessary from time to time to increase the number of lights in the buildings and to install electric motors for various purposes. New cables, therefore, if provided for the direct-current system now in use must be materially larger than the old one, and more expensive. To again place them in the steam ducts will subject them to the same conditions with the natural result that after another decade renewals will again be necessary. For these reasons and others of importance it is believed that the time has arrived when plans should be made for discarding the direct current as a

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

lighting medium and the installation of an alternating system commenced. If such a plant should be installed we think the proper place for it is alongside the pump house near the Erie railroad tracks at the riverside heating plant. With suitable power generator units installed in this location connected with high pressure steam boilers close by to operate them an alternating current of high tension could be conveyed by small wires to the various hospital buildings and at each building transformed to a lower voltage suitable for lighting purposes or for the operation of motors as might be required. In making these recommendations it is appreciated that the expense of changing the lighting system as proposed would be large but it is believed it would be economical all things considered.

On recommendations made by the board of visitation and approved by the State Commission in Lunacy the Legislature of 1905 made the following appropriations:

Fan and motor, main building.....	\$1,000
Purchase of Park farm.....	9,000
Pig pen.....	1,000
Electric unit.....	4,000
Cement walks	500
Renewal of water return line.....	2,458
Additional boilers, new buildings.....	9,000
Water mains and new hydrants.....	453
Agricultural gas engine.....	600
Gas engine at Morningside.....	500

Of these appropriations several have already been expended and arrangements are now being made for acquiring the Park farm and the other items are under consideration.

As regards repairs and betterments which seem to be necessary at the present time, the following should have your careful attention.

The most urgent need of the hospital at the present time is unquestionably a building for the care and treatment of acute cases of insanity. The hospital is constantly increasing in size and from year to year larger numbers of patients are received in the acute stages of mental disease who ought to recover if proper facilities for treatment were provided. Under the existing conditions it is impossible to give these patients the kind of care they need and many of them, therefore, who might get well pass into a condition of chronic dementia and become permanent burdens upon the State. The average cost for the maintenance of an insane person

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

is not far from \$200 per annum and the duration of life about 15 years. It will, therefore, be readily appreciated that for each one of these patients restored to health and activity as a worker among his fellows there must be a corresponding saving to the State of thousands of dollars. To meet our needs at the present time we should have a building consisting of small wards with single rooms, lavatories, special diet kitchen, hydrotherapy apparatus and the most approved sanitary plumbing and ventilating apparatus. Sun-rooms and verandas would be important features of the construction. In brief, the resources of the institution should be taxed to the uttermost to make the hospital for acute cases serve its purpose to the greatest possible degree.

In the main building, the third floor of the north wing, known as ward 3, which has been occupied for more than 20 years by the most turbulent class of male patients in the hospital, should be thoroughly reconstructed. The woodwork of the floors, casings, doors, etc., is badly damaged and unsanitary throughout; complete renewal should be made. The roof of the main building leaks in many places and should be replaced by a new roof. The main building should be pointed up so as to preserve it from storms and frost. Wards 5 and 6 face the north and west; they are not well lighted and are not satisfactory for the purpose they serve, namely, for the care and treatment of male patients who have been recently admitted. These wards might be greatly improved by the construction of enclosed verandas on the east side. At the west building the old verandas on the south side are badly decayed; they are but one story in height and open to the weather. It is believed that new verandas should be provided and that they should be made two stories instead of one.

At the laundry some additional equipment will be necessary to accommodate the 500 people who will occupy the new infirmary building after another year. This new building will add about 30 per cent to the population and will increase the demands upon the laundry to this extent. The building should, therefore, be enlarged and new apparatus consisting of at least 30 additional drying racks, a new mangle, a body ironer, a 40-inch extractor, and a collar and cuff starching machine will be needed.

In some of the older wards the plaster ceilings are cracked and cause much trouble by falling. These plaster ceilings might well be replaced by steel ceiling, which when properly installed is permanent and satisfactory. The cellar bottoms at the south and west buildings and at the farm cottages have never been properly finished

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

owing to lack of funds for the purpose. The soft earth; especially in the spring and fall, becomes damp and unwholesome. There should be cement floors laid throughout these cellars. The flush tanks now in use in the closets connected with most of the wards are of the automatic kind and use an excessive amount of water. If these tanks could be disposed of and new ones installed with hand pulls a great saving would be effected.

At many of the entrances to the hospital buildings there were originally constructed platforms and steps made of wood; these rapidly decay and require repairs. Wherever such decay has occurred new steps and platforms should be constructed of brick and Portland cement.

At the Park farm cottage, for which appropriation for purchase has been made, provision should be made for repairs and betterments so that a considerable number of patients might be cared for there. The interior of the building is badly arranged for the purpose it is now designed to serve. The floors are in poor condition and the building itself stands lower than is desirable. An addition should be built in the rear to provide kitchen and lavatory facilities and the entire building should be suitably furnished. In connection with the new tuberculosis pavilion, Edgewood, which has now been in operation for several months this board thinks it desirable to provide two open camps, one for men and one for women. These camps consisting of light frame structures with southern exposure, entirely open in summer and provided with glass for enclosing in winter, would add to the capacity of the hospital and at the same time provide a form of accommodation for tuberculous patients that would be highly conducive to their welfare.

A great number of the buildings belonging to the hospital plant are in need of painting from year to year; in the interests of economy, therefore, provision should be made for work of this kind.

The present water supply should be improved by enlargement of the well pit. The hospital draws about three-quarters of its water supply from a large well near the heating plant by the riverside. This well is now 100 feet long and has a number of pipes driven from 12 to 15 feet into gravelly bottom. It is believed that if the well could be extended 100 feet westward and additional pipes driven into the gravel the hospital would have a practically inexhaustible supply of water which would be pure at all times regardless of the condition of the river.

The main steam line where it now runs through the cellar of the west building should be removed to a duct outside. The present

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

line passing through the cellar of the building and carrying from 60 to 70 pounds pressure often leaks and causes damage to the building by the dampness which results. A new duct just outside of the building would remedy this trouble and be much more satisfactory. The entire main steam line is in need of extensive repairs; the sections of pipe should be separated, rethreaded, put together again and covered with magnesia pipe covering. The necessity for this reconstruction is so great that unless it is done in the near future the hospital is liable to be seriously crippled.

About the new infirmary building now in process of construction new roads and walks will be necessary; provision should, therefore, be made for their construction during the coming year so that they will be available when the building is opened in January, 1907.

The hospital should be provided with a better library equipment. A room has been set apart in the main building for this purpose, but shelving, furniture, and many additional books are needed. At the bakery a new oven should be provided so with the increased accommodations there shall be increased facilities for bread making. On the lawn a large number of new settees are needed, and vitrified pipe is required for surface drainage.

In front of the new infirmary building there are a number of barns, stables, sheds, etc., which should be removed to the farm colonies before the new building is ready for patients. These removals it is understood your Commission agreed to when the site for the new infirmary building was adopted. At the river the wall which has been partly built for protection to the bank should be completed and provided with a cement coping.

The foregoing recommendations made by this board are but briefly discussed in this report but are dealt with more at length in the report of the superintendent which is attached to this report and made a part thereof.

RECAPITULATION

Hospital building for acute cases.....	\$75,000
Reconstruction of ward 3.....	1,600
New roof for the main building.....	2,200
Pointing up the main building.....	1,500
Glass enclosed verandas for wards 5 and 6.....	2,000
Verandas for the west building.....	1,600
Enlargement of laundry and its equipment.....	7,000
Steel ceilings.....	1,000
Cementing cellar bottoms.....	2,000

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Replacing automatic flush tanks with hand control apparatus.....	\$1,000
Replacing wooden steps with Portland cement.....	500
Repairs and furniture for Park farm cottage.....	3,000
Tuberculosis camps.....	4,000
Painting.....	1,000
Enlargement of well pit.....	2,000
Removal of steam line from west building to outside duct.....	1,700
Improvement of main steam line.....	3,100
Approaches to new infirmary building.....	1,500
Library equipment.....	600
Additional oven in the bakery.....	1,500
Lawn settees.....	300
Vitrified pipe for sewer and surface water disposal....	500
Removal of cow barn, horse barn, piggery, slaughterhouse, wagon shed, paint shop, etc., to the farm....	7,500
Completion of wall at the river and cement coping.....	1,500
Total.....	<u>\$123,600</u>

Respectfully submitted.

KATHARINE ELY
 JERVIS LANGDON
 ANDREW J. FRENCH
 WILLIAM MASON
 C. F. McCORMICK
 ELLEN T. FISH
 GEORGE C. BAYLESS

OCTOBER 1, 1905

Since the preparation of the foregoing annual report the State Commission in Lunacy, paying one of its periodical visits to the hospital, invited the members of the board to meet with them and take up in detail all of the matters covered by the report of the board for the year ending September 30, 1905. This joint meeting gave the board opportunity to discuss in detail and secure from the Commission a large amount of valuable information as to the manner in which they desired to have treated these various matters. The board greatly appreciates the opportunity of meeting with the Commission when it visits the hospital, believing that by personal discussion there can be a much better understanding of the wants of the hospital viewed from a board of managers standpoint.

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REPORT OF THE SUPERINTENDENT

To the Board of Managers :

Ladies and Gentlemen—In conformity with the provisions of the Insanity Law I have the honor to submit to your board my report of the operations and management of the Binghamton State Hospital for the year ending September 30, 1905. During the 12 months covered by this report the hospital has been enlarged by the building of the tuberculosis pavilion, Edgewood, and the population increased by the transfer of many patients from other hospitals in addition to the admissions from the district belonging to this hospital.

The following table shows the population during the year:

	Men	Women	Total
Number in the hospital Oct. 1, 1904	663	749	1,412
Received during the year.....	169	174	343
Discharged:			
Recovered.....	39	59	98
Improved.....	15	34	49
Unimproved.....	5	9	14
Died.....	58	69	127
Remaining September 30, 1905...	715	752	1,467
Daily average population.....	684	745	1,429
Capacity of the institution.....	718	725	1,443

ADMISSIONS

Of the 343 patients admitted during the year 261 were brought from home, eight from county houses, one from Craig Colony for Epileptics, and 73 from other institutions for the insane. Of the number admitted about 40 per cent had previously been under treatment in institutions for the insane, and 130 were over 50 years of age.

The total number of patients under treatment during the year was 1,755, the largest number under treatment at one time was 1,479, the average daily population was 1,429, and the number remaining under treatment at the end of the year was 1,467.

DISCHARGES

Of the 288 patients discharged during the year 98 were recovered, and of this number 30 were insane less than one month, 74 were insane less than six months previous to admission; 70 of the patients discharged as recovered were under treatment less than one year; 49 patients were discharged as improved, and of this number 43 returned to their homes; five eloped, and one, an alien, was deported by United States officials; 14 patients were discharged as unimproved, 12 returned to the care of their friends, one eloped, and one was transferred to the Utica State hospital.

There were 127 deaths during the year, and of this number 74 were suffering from terminal dementia. The average duration of insanity previous to admission of those who died was approximately four years and eight months, the average period under treatment was five years and nine months, and the average age was about 60 years. Of those who died, 26 were suffering from diseases of the heart 18 from diseases of the lungs—pneumonia, etc., 22 from tuberculosis, 17 from enteritis, and 16 from general paresis.

GYNECOLOGICAL

As in previous years the time of the woman physician has been largely taken up in special work in the care of women patients, among whom all of the new cases have been carefully examined regarding local diseases and those who were found in need of treatment have received it.

Operation	Disease	Cases	Rec'ver'd	Died
Curettement.....	Endometritis....	9	9	.....
Double-salpingo oophorec- tomy.....	.....	1	.....	1
Extirpation of hæmorrhoids	Hæmorrhoids....	1	1	.....
Perineorrhaphy.....	Laceration.....	3	3	.....
Trachelorrhaphy.....	Laceration.....	2	2	.....
		16	15	1

The ophthalmological, otological, and rhinological work of the hospital has been given careful attention by Dr. F. M. Michael and Dr. Geo. B. Stanwix, who have visited our wards on two afternoons

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each week and have done excellent service in relieving the symptoms of diseases covered by their specialties. The dentistry has been done during the year by Dr. F. W. McCall in an acceptable manner.

PATHOLOGICAL LABORATORY

Sustained efforts have been made during the year to maintain the high character of the work in the pathological laboratory. Of the 127 cases in which death has occurred during the 12 months ending September 30, 1905, 47 complete autopsies have been performed. These were done by various members of the staff; 33 were cases of terminal dementia; seven of general paresis; one of imbecility; three of epilepsy with insanity; one of acute melancholia; one of chronic melancholia, and one of chronic mania. Death was due in 12 cases to chronic endocarditis and allied conditions; in seven cases to general paresis; in nine cases to pneumonia; one to pericarditis with eurisy; two to cerebral hæmorrhage; eight to pulmonary tuberculosis; one to perforation of the intestine; one to peritonitis; five to acute enteritis; one to tubercular pericarditis.

Whenever it has been possible to perform autopsies within a reasonable time after death, sections of the brain have been preserved for microscopical examination. A number of specimens have been preserved in 10 per cent formalin. A series of excellent pictures representing the circulation at the base of the brain was made by Dr. Summers. In one case the absence of the olfactory tract was shown, and in many others there were abnormalities of the circulation.

MEETINGS OF THE MEDICAL STAFF

During the year ending September 30, 1905, there have been held 80 general meetings of the medical staff. It has been customary to hold these meetings at 9 a. m. Tuesday and Thursday of each week except when pressure of work or other circumstances prevented. At these meetings there have been reported 131 cases and discussions have been held on most of them. There have been 280 reports on matters of administration which have been discussed by the staff. There have been six especially prepared papers read at these meetings, but while this number may seem small the discussions on many of the subjects classed as "matters of administration" have been carefully prepared beforehand, and the reports of cases have given evidence of much careful preparation. The value of such staff meetings is unquestionably great, for they not only stimulate individual members of the staff to do better work, but they also

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result in the staff as a whole having better knowledge of all the departments of the hospital than would be possible in any other way.

TRAINING SCHOOL FOR NURSES

The efficiency of our training school for nurses has again been demonstrated by the graduation of our entire senior class which occurred in June last. The examinations for entrance to the school and for graduation are growing more severe from year to year and the educational standing of the school has been correspondingly raised. It is, therefore, creditable to both instructors and pupils that none of the latter have failed to receive the State's diploma at the conclusion of the prescribed course of study. The work of the school is somewhat handicapped on account of the inadequacy of the text-books now in use, but as this matter is in the hands of a committee of superintendents it is hoped better text-books will be available in the near future.

With each year we are adding some important details to the clinical experience of our nurses. We now have a laboratory where anatomy and pathology, including the use of the microscope, are studied and clinical demonstrations of various kinds and autopsies are witnessed by members of the training-school class. An operating room has been installed and well equipped. Many operations are performed and opportunity is afforded the members of the class not only to see the operation but to have actual experience in preparing patients and instruments, in the sterilization of instruments, dressings, patients and nurses' hands, and all of the other details incident to operative work. The electrical room adjoining the operating room contains a large static machine and adapter where electrical treatment is given and the X-ray used. Our latest acquisition is a hydrotherapeutic outfit of modern type, built by Richter & Co., of New York, and a special class of nurses will be organized this year for instruction in hydrotherapy.

The practical value of such instruction as is given in our training school is forcibly demonstrated by the ever-increasing roll of nurses, who, by reason of the qualifications they have acquired in our school and hospital service, have won for themselves in other institutions positions of responsibility and trust, requiring ability and skill of a high order. Among these may be mentioned Miss Minnie Loughlin, formerly a nurse on our wards, now matron of the Craig Colony for Epileptics at Sonyea, N. Y.; Miss Grace Lane, formerly a matron at the New York State Training School for Girls

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at Hudson, N. Y.; Miss Mary Leary, matron of the State Industrial School at Rochester, N. Y., Miss Jessie P. Quinby, matron of the State Custodial Asylum for Feeble-minded Women at Newark, N. Y., and in our own hospital, our matron, Mrs. Lura Sinclair. Many other graduates of our training school have left the hospital and are engaged in highly successful private nursing, while still others who have remained with us have been advanced to the higher positions in the hospital service, such as supervisor charge nurse, etc., with corresponding increase in salaries.

CHEMICAL LABORATORY

Besides the routine analyses and microscopical examinations of urine, blood, sputum, throat cultures, etc., there have been made during the year 143 analyses and tests of miscellaneous products, as shown in the following table. This number is somewhat smaller than last year, due largely to the smaller number of samples sent from other hospitals, and to the fact that contracts for a number of articles have been less frequently changed:

Boiler compounds.....	5
Butter.....	3
Cements.....	10
Cereals.....	5
Chemicals, fire extinguishing.....	1
Chemicals, laundry.....	9
Chemicals, pharmaceutical	35
Cream of tartar.....	4
Crude drugs.....	5
Feeds, ground.....	2
Flour.....	1
Gasoline.....	3
Hyoscyamine, pharmacological	2
Ink.....	1
Milk.....	2
Oils, lubricating.....	19
Paint.....	1
Pipe covering.....	1
Polishing compounds.....	2
Sugar.....	2
Syrups.....	19
Varnishes.....	19
Water.....	6
Whiskey.....	3

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IMPROVEMENTS

The largest and most important improvements made at the hospital during the year just closed has been the construction of the new tuberculosis pavilion, Edgewood, which was opened for the reception of patients June 1, 1905. One hundred patients suffering from tuberculosis were placed under treatment in this building; of these 24 men and 18 women were transferred from the Kings Park State Hospital, Kings Park, N. Y., June 1st; two men were transferred from the Buffalo State Hospital, Buffalo, N. Y., June 23d, and 24 men were transferred from the Utica State Hospital, Utica, N. Y., on July 13th, and 32 patients were transferred from our own wards in other parts of the institution. The new pavilion is well adapted for the purpose it serves. Many windows admit the light and air freely and large verandas afford opportunities for patients who are not strong enough to leave the building to sit in the open air throughout the day. The wards and sleeping apartments of this building are constructed and furnished with a view to avoiding the accumulation of dust, and every precaution is taken to surround the inmates with conditions best calculated to improve their general health. In the adjoining groves walks have been laid out, rustic seats have been provided and hammocks have been hung between the trees for the use of the patients, and they are encouraged to spend as much of their time as possible out of doors. It is perhaps too soon to arrive at a conclusion as to the value of the special provisions the State is making for the care of the tuberculous insane, but there can be no doubt that the separation of this class of patients from the general wards of the hospital is highly desirable, not only as regards their own welfare but for the general good.

In the month of June the new residence for the superintendent was practically completed and his family was removed from the main building to occupy it. The apartments he formerly occupied then became available for other purposes, and under the direction of the State Commission in Lunacy the work of converting them to the use of patients was commenced. To make them available a number of partitions have been removed, an extension has been built in the rear by carrying up the kitchen another story to provide dining-room, bathroom, and other accommodations, and the old chapel with a number of small adjoining rooms will be made into a dormitory. When these changes are complete accommodations will be provided for about 80 additional patients.

The building of Edgewood and the reconstruction of the superintendent's apartments, as well as the construction of the super-

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intendent's residence, have been done under the general supervision of the hospital management without contract. Our mechanical forces have, therefore, been fully occupied and considerable day labor has been employed in addition. The results, however, as can be easily demonstrated have been much more satisfactory in the better quality of the work done.

At the riverside heating plant the stone wall for the protection of the river bank, which has been under construction for more than a year past has been advanced materially but the high water has prevented the full accomplishment of the work as planned.

In the course of the regular maintenance of the hospital many repairs have been made. The engineers have overhauled the steam line, and although its condition is far from satisfactory, it is believed it will suffice for our needs during the coming winter.

The carpenters, electricians, painters, blacksmith, and mason have all been busy in their several departments repairing the old work and making new extensions, all of which are found necessary in the conduct of so large an institution as this hospital.

During the summer a new fire-alarm system was installed by the Star Electric Co., of Binghamton, N. Y. This system consists of 18 stations for sending in alarms, a number of large gongs on which the alarms are sounded, and an automatic steam-whistle apparatus which instantly announces to the entire hospital the fact that an alarm of fire has been sent in. The whistle also gives notice by the number of blasts the exact location of the box from which the signal was sent. This apparatus we regard as of great value, more especially for the reason that we are located at a considerable distance from the nearest fire station in the city and must rely upon our own resources almost wholly in case of fire.

The farm and gardens have been productive and the crops have been fully up to the average; indeed, the quantity of hay and grain produced has exceeded our expectations and taxed our barns to their utmost.

About the main hospital premises the usual improvements in grading, road making, etc., have been made. In September ground was broken for the new chronic building to accommodate about 500 people. This building will occupy a fine site on the southern slope in the rear of the main building and will face the south. The excavations amounting to about 20,000 yards of earth were undertaken by the hospital and are now in progress.

The following table shows the extent to which patients have found occupation during the year, the kinds of employment and the number engaged in each:

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	Men	Women	Total
Dining-room.....	14,594	19,357	33,951
Fancy work.....	7,411	7,411
Farm.....	26,110	26,110
Garden.....	1,857	.....	1,857
Grounds.....	6,743	.....	6,743
Hall work.....	44,348	44,770	89,118
Heating plant.....	7,072	.....	7,072
Kitchen.....	7,365	9,159	16,524
Laundry.....	7,221	9,915	17,136
Shops.....	8,317	10,737	19,054
Total.....	123,627	101,349	224,976

The following classification of the expenditures shows the total cost of maintenance in the several departments of the hospital and the annual and weekly per capita cost in each:

	Weekly per capita	Annual per capita	Total cost
Officers' salaries.....	\$0 224	\$11 628	\$16,616 63
Wages.....	1 498	77 902	111,321 62
Provisions and stores.....	1 123	58 411	83,468 69
Ordinary repairs.....	069	3 613	5,162 69
Farm and grounds.....	095	4 942	7,062 73
Clothing.....	090	4 670	6,673 52
Furniture and bedding...	073	3 809	5,442 92
Books and stationery.....	025	1 327	1,896 18
Fuel and light.....	500	26 003	37,158 68
Medical supplies.....	018	946	1,351 79
Miscellaneous.....	093	4 820	6,887 89
Transportation of patients	035	1 808	2,583 80
Total.....	\$3 843	\$199 879	\$285,627 14

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The average purchase price, per capita cost per annum and quantity consumed of staple articles of food for the year ending September 30, 1905, is shown in the following table:

ARTICLES	Average purchase price	Annual per capita cost	Quantity consumed	
Fresh meats, per pound.....	\$0 066	\$14 686	318,212	lbs.
Poultry, per pound.....	137	404	4,215	"
Wheat flour, per barrel.....	5 90	8 313	2,334	bbls.
Butter, per pound.....	211	8 808	59,561	lbs.
Cheese, per pound.....	097	773	11,396	"
Milk, per quart.....	031	6 660	301,997	qts.
Eggs, per dozen.....	201	4 297	30,477	doz.
Tea, per pound.....	175	566	4,686	lbs.
Coffee, per pound.....	119	1 559	18,697	"
Sugar, per pound.....	055	3 096	80,173	"
Fresh fish, per pound.....	055	1 633	42,172	"
Potatoes, per bushel.....	420	1 988	6,755	bu.
Crackers, per pound.....	061	292	6,855	lbs.
Rice, per pound.....	023	142	8,744	"
Beans, per bushel.....	1 911	547	409½	bu.
Liquors, per gallon.....	2 050	109	76	gals.

APPROPRIATIONS

Among the appropriations recommended to the State Commission in Lunacy last year the following were approved by the Commission and appropriated by the Legislature:

Fan and motor main building.....	\$1,000
Purchase of Park farm.....	9,000
Pig pen.....	1,000
Electric unit.....	4,000
Cement walks.....	500
Renewal of water return line.....	2,458
Additional boilers, new buildings.....	9,000
Water mains and new hydrants.....	435
Agricultural gas engine.....	600
Gas engine at Morningside.....	500

Of these items the agricultural gas engine of 20 horsepower has been purchased and is giving excellent satisfaction in furnishing power for threshing, cutting ensilage, sawing, etc. The pumping gas engine for Morningside cottage has been purchased and will soon

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be installed. The title of the Park farm is being investigated and it is expected that as soon as our attorney reports favorably the transfer of this property to the hospital will be made. The laying of new water mains and new hydrants it is expected will be done this fall. The work of renewing the water return line will be commenced but will probably not be finished until next summer. The other matters for which appropriations have been made will be submitted for your consideration as soon as practicable.

REPAIRS AND IMPROVEMENTS

The following repairs, improvements and betterments are needed at the hospital during the coming year:

Hospital Building for Acute Cases

The need of a building especially constructed for the care of acute cases of insanity is more and more urgently felt from year to year. Our population is constantly increasing and we are receiving each year many patients suffering from acute attacks of mental derangement, who ought to get well under proper conditions of environment and adequate nursing and medical attention, but who, in some instances at least, fail to recover simply because it is impossible for us under existing conditions to provide them with the care they should have. The value of a hospital building especially designed for these cases can scarcely be overestimated. The average cost for the maintenance of an insane person is not far from \$200 per annum, and the duration of life about 15 years. It will, therefore, be readily appreciated that for each one of these patients restored to health and activity as a worker among his fellows there must be a corresponding saving to the state of thousands of dollars. To meet our needs at the present time we should have a building consisting of four small wards with single rooms, lavatories, a special diet kitchen, sanitary plumbing, and the most approved ventilating apparatus. Sun-rooms and verandas would be important features of the construction; in brief, the resources of the institution should be taxed to their uttermost to make the hospital for acute cases serve its purpose to the greatest possible degree. Such a building might be constructed as part of a more comprehensive plan for the provision of accommodations for both the acute and chronic insane. The approximate cost of such a building would be \$75,000.

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Reconstruction of Ward 3

Ward 3 of the main building has been occupied for more than 20 years by the most turbulent class of male patients in the hospital. The woodwork of the floors, casings, doors, etc., has become badly damaged and is unsanitary throughout. Complete renewal should be made. The cost would be approximately \$1,600.

New Roof for the Main Building

The roof on the main building is now old and throughout its entire extent rust has attacked it in places so that it is impossible to make repairs fast enough to keep it tight. A new roof should be put on during the summer of 1906; if this is not done the damage from water leaking through and wetting the interior of the building will soon be so great as to amount to more than the cost of the roof. The approximate cost would be \$2,200.

Pointing up the Main Building

The main building has now stood for nearly half a century and in many places the water has attacked the mortar between the stones of the walls and has made serious inroads. This process is going on continually and unless arrested by pointing up with cement will eventually cause great damage to the structure. The amount needed for this work during the coming year is approximately \$1,500.

Glass-enclosed Verandas for Wards 5 and 6

These wards face the north and west; they receive scarcely any direct sunlight from the south and east. It is believed that verandas on the east side where patients might have the benefit of the morning light and sunshine would be of great benefit to them. These verandas could be constructed for \$2,000.

Verandas for the West Building

The old verandas on the south side of the west building are badly decayed, they are but one story in height and open to the weather. It is believed that new verandas should be provided and that they should be made two stories instead of one, so that the patients from the upper wards might have the benefit of air and sunshine which now is often denied them. The cost of this construction would be approximately \$1,600.

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Enlargement of Laundry and its Equipment

The new infirmary building to accommodate 500 people will necessitate an increase of more than 30 per cent in the work of the laundry. The equipment is now taxed to its limit and provisions should be made for the additional work it will be called upon to perform when the new building is opened. To accomplish this an addition should be built at the north end of the building to increase the size of the drying-room to accommodate at least 30 additional drying racks. This addition should be carried up two stories to enlarge the ironing-room to meet the requirements of the increase in population. The large mangle we now have is constantly in use and operated at its highest capacity. Another mangle of the same size and style should be installed. An additional body ironer will be needed and there should also be provided an additional 40-inch extractor. A collar and cuff starching machine is now needed and the necessity will be more urgent when the new building is opened. The cost of the addition to the laundry building and the new equipment will be approximately \$7,000.

Steel Ceilings

In several of the older wards where ceilings of plaster exist much trouble has been experienced in consequence of this material becoming loosened and falling to the floors. These wards and some of the adjacent corridors would be greatly improved by the erection of steel ceilings, which experience has demonstrated forms the most durable and satisfactory construction known for ward use. The approximate cost of this work together with the material required would be \$1,000.

Cementing Cellar Bottoms

The cellar bottoms at the south and west buildings and at the farm cottages have never been properly finished owing to lack of funds for the purpose. The soft earth, especially in the spring and fall, becomes damp and unwholesome. There should be cement floors throughout these cellars. The cost would be approximately \$2,000.

Replacing Automatic Flush Tanks with Hand Control Apparatus

Wm. B. Armstrong, an expert, of the State architect's office, in his report on the water supply at this hospital recommends

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the use of flush tanks controlled by hand in place of the automatic flush tanks now in use. The automatic tanks require an excessive amount of water and it is believed that if many of them were replaced by tanks controlled by hand it would cost much less to operate them. Amount required \$1,000.

Replacing Wooden Steps with Portland Cement

At many of the entrances to the hospital buildings there were originally constructed platforms and steps made of wood. These rapidly decay and require extensive repairs. Wherever such decay has occurred new steps and platforms should be constructed of brick and Portland cement. For such purposes there should be provided the sum of \$500.

Repairs and Furniture for Park Farm Cottage

The Park farm cottage for the purchase of which special appropriation was made by the Legislature last winter should be repaired and furnished for the use of patients and farm employees. The interior is badly arranged for the purpose it is now designed to serve; many of the partitions should be taken out and new floors should be laid; the building itself should be raised somewhat higher from the ground so that the cellar may also be made somewhat higher to avoid the dampness from water which now is apt to enter it every spring and fall. An addition should be built in the rear to provide kitchen and lavatory accommodations and the entire building should be suitably furnished. There is needed for these purposes approximately \$3,000.

Tuberculosis Camps

The tuberculosis pavilion, Edgewood, which has now been in operation for several months, has proved so satisfactory that we think it desirable to extend its scope by providing two open camps in connection therewith, one for men and one for women. These camps, consisting of light frame structures with southern exposure, entirely open in summer and provided with glass for closing in winter, would add to the capacity of the hospital and at the same time provide a form of accommodation for tuberculous patients that would be highly conducive to their welfare. Two such camps each accommodating 12 patients could be built at a cost not exceeding \$4,000.

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Painting

The great number of buildings belonging to the hospital plant are in need of repairs from year to year. Painting is especially necessary as a protection against the elements. Provision, therefore, should be made for work of this kind to the amount of \$1,000.

Enlargement of Well Pit

The hospital draws about three-quarters of its water supply from a large well near the heating plant by the riverside. This well is 100 feet long and the number of pipes in the bottom is nine. It affords at all times a large amount of pure water but in summer this supply is insufficient for the hospital needs. By extending this well 100 feet westward and putting down additional pipes in the bottom the hospital would have a practically inexhaustible supply of water which would be pure at all times, regardless of the condition of the river. The cost of this construction would be approximately \$2,000.

Removal of Steam Line from West Building to Outside Duct

The main steam line now runs through the cellar of the west building and leakage of steam causes so much dampness in the building that it is not only unsanitary but the floors decay rapidly and the building is becoming permanently damaged. To remove this line from the cellar and carry it through a duct outside of the building would require an expenditure of approximately \$1,700.

Improvement of Main Steam Line

Removal of the entire main steam line from the duct, rethreading the same, replacing it, and covering with magnesia pipe covering is now practically an absolute necessity. The main line has been in service about 16 years and rust has attacked every joint and caused so much leakage that the loss is enormous as is shown by the excessive consumption of fuel at the boiler-house. The reconstruction of this line as above indicated should be accomplished during the coming summer—the line will then be in good condition and serviceable for many years to come. The approximate cost will be \$3,100.

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Reconstruction of the Lighting System

The entire hospital is now lighted by electricity of the kind known as the direct current—the plant consists chiefly of engines, dynamos, and distributing cables. These cables for the direct current are of great size and, therefore, require a large amount of copper in their construction. This plant was installed 12 years ago and since then the hospital has increased in size and many of the cables have been taxed beyond the limit of their carrying capacity to furnish light, heat and power in various parts of the institution. The result is that in many parts of the institution the current delivered is of such a low voltage that the light is poor and unsatisfactory. The cables themselves run through the steam ducts and the insulating material with which they were originally covered has become rotten from long-continued moisture and heat in the ducts, so that they are becoming unsafe as well as insufficient. The demands of the hospital for electricity are constantly increasing and the time is now at hand when the question of extensive renewals of both the generating power units and the distributing cables should be considered. After careful inquiry into this matter it seems to me desirable that a gradual change should be made from the direct-current system to the alternating system and that the power-generating units should be located near the boilers at the riverside heating plant instead of in the electric lighting station on the hill. This change in the system would enable us to operate the plant much more economically as regards the consumption of fuel for the production of steam, and would be much less costly as regards distributing cables for the reason that small wires carrying electricity of high voltage would enable us to deliver the current at the various buildings where with the aid of transformers it would be reduced to the desired voltage for lighting purposes. It is not practicable at the present time to make definite recommendations respecting this change, but the rapid growth of the institution now contemplated makes it desirable that this subject should be looked into carefully in the near future.

Approaches to New Infirmary Building

The new infirmary building will be completed before the end of 1906 and as it is a large structure to be occupied by nearly 500 people the roads leading to it and around it should be properly constructed next summer and cement walks should be laid to the various entrances. For this purpose there should be provided an appropriation of \$1,500.

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New Track Scales

The old track scales at our heating plant were put in many years ago to accommodate the small coal cars which were then universally used. The coal companies now deliver their coal in much larger steel cars, some of which weigh 75 or 80 tons when filled. New scales, therefore, should be installed with a weighing capacity of 100,000 pounds. Such scales installed and ready for use would cost \$1,400.

Library Equipment

The growth of the hospital has been rapid during the past few years and we have outgrown our facilities for keeping records, shelving our books, etc. The room in the main building formerly occupied as a staff dining-room has been set apart as a library but it has not been furnished; there should be provided for furniture and equipment of this library the sum of \$600.

Additional Oven in the Bakery

The hospital now has but one oven in the bakery. This oven answers our purposes now, but will not be sufficient when the population has increased by 500 persons, which will be the case in about a year. An additional oven should, therefore, be installed. The cost would be approximately \$1,500.

Lawn Settees

With the growth of the hospital the need of settees about the grounds where patients may rest when they are out of doors is growing more urgent from year to year; such settees should be placed along the main walks and roadways and especially along the road leading to the tubercular pavilion, Edgewood. There is needed for this purpose approximately \$300.

Vitrified Pipe for Sewer and Surface Water Disposal

About 350 feet of 8-inch vitrified pipe for sewer connections should be provided to connect with the closets at the west end of the north building and to extend to the new main sewer provided for the superintendent's residence. When the north building was erected it was not intended to occupy the basement for ward purposes. The main sewer for this building therefore was not put deep enough to take care of closets located on the basement floor. These closets sometimes overflow by water backing up from the

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

sewer. This would be completely remedied by the new line it is proposed to establish. Five hundred and fifty feet of 12-inch vitrified pipe is needed to take care of the surface water which comes down the hill in great volume, west of the superintendent's residence; without such provision a deep ravine will soon be made and serious damage will be caused to neighboring property. The cost of this pipe would be approximately \$500.

Removal of Cow Barn, Horse Barn, Piggery, Slaughter-house, Wagon Shed, Paint Shop, Etc., to the Farm

These buildings are now located immediately in front of the site of the new infirmary building which, when completed, is to accommodate nearly 500 people. When this location for the infirmary was decided upon it was understood by your Commission that the barns, sheds, etc., would be removed to the farm before the construction was completed so that the surroundings of the new building may be sanitary as well as attractive. The cost of taking these buildings down and erecting them at the farm, using such of the old material as may be available will be approximately \$7,500.

Completion of Wall at the River and Cement Coping

For the protection of the river bank an appropriation of \$1,500 was made about two years ago and this amount has not been sufficient to complete the work of building the wall. There should now be provided for finishing this wall and coping the same with Portland cement approximately \$1,500.

RECAPITULATION

Hospital building for acute cases.....	\$75,000
Reconstruction of ward 3.....	1,600
New roof for main building.....	2,200
Pointing up the main building.....	1,500
Glass-enclosed verandas for wards 5 and 6.....	2,000
Verandas for the west building.....	1,600
Enlargement of laundry and its equipment.....	7,000
Steel ceilings.....	1,000
Cementing cellar bottoms.....	2,000
Replacing automatic flush tanks with hand control apparatus.....	1,000
Replacing wooden steps with Portland cement.....	500
Repairs and furniture for Park farm cottage.....	3,000

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

Tuberculosis camps.....	\$4,000
Painting.....	1,000
Enlargement of well pit.....	2,000
Removal of steam line from west building to outside duct	1,700
Improvement of main steam line.....	3,100
Approaches to new infirmary building.....	1,500
New track scales.....	1,400
Library equipment.....	600
Additional oven in the bakery.....	1,500
Lawn settees.....	300
Vitrified pipe for sewer and surface water disposal....	500
Removal of cow barn, horse barn, piggery, slaughter- house, wagon shed, paint shop, etc., to the farm....	7,500
Completion of wall at the river and cement coping.....	1,500
Total.....	<u>\$125,000</u>

ACKNOWLEDGMENTS

For contributions received at Christmas time, and to our reading rooms, we are indebted to the following:

James, Andrews, Jerome DeWitt, Mrs. Leroy Davis, Dobson Club, Mrs. C. Dutcher, Mrs. Henry O. Ely, Evening Herald Co., Mrs. W. D. Edmister, Miss Amelia Henning, Mrs. C. A. Hotchkin, Hospital Book and Newspaper Society of New York city, Dr. C. L. Lounsberry, Rev. John McVey, E. S. McKinney, C. A. McCollum, National Biscuit Company, Nelson & Son, Binghamton Public Library, L. H. Quackenbush, Mrs. M. W. Scott, J. Spillane, E. P. Stephens, Mrs. Ella E. Tubbs, Mrs. W. W. Waterman, and Mrs. S. E. Wilson.

NEWSPAPERS

The following named newspapers have been contributed by the publishers and they have been greatly appreciated by our patients. It is hoped these donations may be continued during the coming year:

Bainbridge Express, weekly; Brookfield Courier, weekly; Canastota Journal, weekly; Catskill Examiner, weekly; Cazenovia Republican, weekly; Catholic Truth, monthly; Catholic Ave Maria, monthly; Delaware Republican, weekly; Deposit Journal, weekly; Elmira Telegram, weekly; Fishkill Standard, weekly; Freeman's Journal, weekly; Long Island Star, weekly; Madison County Times,

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

weekly; Mohawk Valley Register, weekly; Morris Chronicle, weekly; Newburgh Journal, semi-weekly; Oneonta Herald, weekly; Otsego Democrat, weekly; Otsego Republican, weekly; Ticonderoga Sentinel, weekly; Tioga County Herald, weekly; Walton Chronicle, weekly; Watervliet Journal and Democrat, weekly.

RELIGIOUS SERVICES

Religious services have been held at the hospital on Sunday afternoons throughout the year, except during the month of August. At these Sunday services the musical program has been arranged and rendered by Prof. Hoerrner and a quartette from the city of Binghamton and has been thoroughly satisfactory. On Friday morning once each month mass has been read by Rev. J. V. Simmons, and on a number of occasions he has visited the patients on the wards and administered the sacrament to members of the Roman Catholic Church.

ENTERTAINMENTS

Early in the year the employees of the hospital organized the State Hospital Dramatic and Social Club for which rooms were provided in the assembly hall building. The club has been well supported by the employees who have furnished the rooms in part by subscriptions, dues, etc. To the furnishings thus provided the hospital has contributed rugs, hangings, chairs, tables, etc., to an extent sufficient to make the club rooms attractive and comfortable. In return for the aid the hospital has given the club, its members have provided five entertainments all of which have been highly acceptable and appreciated by our patients. The club has thus not only contributed to the entertainment of the hospital inmates, but has provided a desirable feature of hospital life in that it has kept many of the employees on the hospital premises evenings where their presence has been an additional safeguard against accidents and untoward occurrences of all kinds.

The following entertainments were given during the year 1904:

- Oct. 18. Hendrickson & Rosani, magicians and jugglers.
- Nov. 18. Minstrel entertainment by Dramatic club.
- Dec. 25. Christmas tree, and entertainment by Dramatic club.

1905

- Jan. 11. Orpheus Jubilee Singers.
- Feb. 6. Prof. McCollin, blind humorist.
- Feb. 16. Columbian Minstrels, under auspices of Dramatic club.

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

Mar. 9. Readings by Miss Lou Sherman.

Mar. 16. Concert by First Regiment Band, auspices of Dramatic club.

Apr. 10. Illustrated lecture on Rome, Spain and Jerusalem.
Mrs. Sears.

May 24 and 25. "A Fireman's Legacy," under auspices of Dramatic club.

Many patients attended circus performances and the exposition in the city, while on the hospital premises the Fourth of July celebration and Field day exercises provided enjoyment for all. Early in the season the hospital baseball team joined the city league of clubs and made a strong fight for the championship, finishing in second position. These games were attended by large numbers of people from the city and were made doubly interesting by the phenomenal work of one of our patients, who pitched every game the team played during the season and with most excellent results.

STATE COMMISSION IN LUNACY

The State Commission in Lunacy has made three official visits at the hospital during the year and the medical inspector has made two visits. The Commissioners and inspector have made careful and thorough inspection of the institution and have heard all patients who desired to appear before them. In November, 1904, President Mabon carefully observed the conditions in each ward of the hospital and made official certification of its capacity. This certification *in toto* was 668 men and 675 women, a total of 1,343. Since then, however, the new tuberculosis pavilion, Edgewood, has been opened, making the capacity 718 men and 725 women, a total of 1,443.

STATE CHARITIES AID ASSOCIATION

On the 14th day of October, 1904, Charles E. Lee and Fred H. Haskins, visitors for the State Charities Aid Association, visited the hospital and made careful inspection of all its departments. In their report made to the State Charities Aid Association they speak in detail of the general management of the hospital, of improvements that have been made, and betterments that are contemplated. Their report expresses approval of the methods pursued in caring for our patients and of the general conduct of the entire institution.

Of the medical staff Dr. Mary O'Malley, our woman physician, resigned September 1, 1905, to accept a similar position in the

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

Government Hospital for the Insane at Washington, D. C. Dr. O'Malley had served as a physician in this hospital for nearly seven years and had performed her duties in a highly acceptable manner. The vacancy created by her resignation was filled in accordance with the civil service rules by the appointment of Dr. Mary Clayton, of Buffalo, N. Y., who commenced her duties September 1, 1905. Dr. Clayton was graduated from the Cooper Medical College, San Francisco, Cal., in 1894. She then served as medical interne in the Children's Hospital at San Francisco, as junior physician at the St. Lawrence State Hospital, Ogdensburg, N. Y., and as woman physician at Craig Colony for Epileptics at Sonyea, N. Y. She pursued special courses of study at Johns Hopkins University, Baltimore, Md., in 1901, and at Harvard Medical College, Cambridge, Mass., in 1904.

Dr. John D. Curran, who had served as medical interne for two years, resigned from the service July 1, 1905, to enter general practice. Dr. Curran served the institution in a faithful and conscientious manner and his work was always satisfactory.

On August 1, 1905, Dr. Lemuel R. Hurlbutt, of Troy, N. Y., was appointed medical interne after having served three months as clinical assistant.

Dr. Charles G. Lyon was promoted from the grade of junior physician to the grade of assistant physician May 1, 1905.

The members of the medical staff have all given careful and painstaking attention to their duties and the records of the hospital bear testimony to the success which has attended their labors. To them, to the steward, the matron, the office force, the mechanics, and to all other employees who have faithfully performed their duties, I desire to express my thanks for loyal cooperation in carrying on the work of this great institution.

In conclusion I beg to thank you, ladies and gentlemen of the board of managers, for the encouragement and support you have given me in my efforts to properly discharge the duty that has been confided to me.

CHARLES G. WAGNER

Superintendent

OCTOBER 1, 1905

SEVENTEENTH ANNUAL REPORT OF THE
BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

REPORT OF THE TREASURER FOR THE YEAR ENDING
SEPTEMBER 30, 1905

GENERAL, OR STATE CARE FUND

Receipts

Balance for last fiscal year.....	\$3,313 66
Received from private patients.....	3,114 21
Received from reimbursing patients.....	8,468 58
Received from sundry sales.....	687 63
Received from comptroller	294,042 83
Received from interest.....	331 02
Received from other sources.....	5 04
	<hr/>
	\$310,562 97
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Disbursements

Paid on account of officers' salaries.....	\$16,616 63
Paid on account of wages.....	111,321 62
Paid on account of provisions and stores.....	83,468 69
Paid on account of ordinary repairs.....	5,162 69
Paid on account of farm and grounds.....	7,062 73
Paid on account of clothing.....	6,673 52
Paid on account of furniture and bedding.....	5,442 92
Paid on account of books and stationery.....	1,896 18
Paid on account of fuel and light.....	37,158 68
Paid on account of medical supplies.....	1,351 79
Paid on account of miscellaneous expenses.....	6,887 89
Paid on account of transportation of patients.....	2,583 80
Paid State treasurer miscellaneous receipts.....	11,913 81
Balance.....	13,022 02
	<hr/>
	\$310,562 97
	<hr/> <hr/>

SPECIAL FUND

Receipts

Received from comptroller, chapter 635, Laws 1904 ..	\$42,088 41
Received from comptroller, chapter 700, Laws 1905 ..	4,869 45
Received from interest.....	19 96
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	\$46,977 82
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BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

Disbursements

Expended from appropriation, chapter 635, Laws 1904	\$42,088 41
Expended from appropriation, chapter 700, Laws 1905	4,869 45
Transferred to general fund, interest.....	19 96
	<hr/>
	\$46,977 82
	<hr/>

Manufacturing Department

Total receipts.....	\$1,737 71
Total disbursements.....	1,422 20
	<hr/>
Cash on hand.....	\$315 51
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CHARLES G. WAGNER

Treasurer

OCTOBER 1, 1905

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

REPORT OF THE STEWARD FOR THE YEAR ENDING SEPTEMBER 30, 1905

Apples, eating, 589 bushels at 50 cents.....	\$294 50
Apples, cooking, 373 bushels at 40 cents.....	149 20
Asparagus, 6,070 bunches at 7 cents.....	424 90
Beets, 296½ bushels at 30 cents.....	88 95
Beans, string, 97½ bushels at 50 cents.....	48 63
Beets, farm feed, 150 bushels at 30 cents.....	45 00
Beef, carcasses, 4,717 pounds at 6½ cents.....	306 60
Cucumbers, 96½ bushels at 50 cents.....	48 13
Cucumber pickles, 55,015 at ¾ cents.....	412 61
Cabbage, 90,306 pounds at ½ cent.....	451 53
Celery, 16,559 heads at 3 cents.....	496 77
Corn, 27,132 ears at ¾ cent.....	203 49
Carrots, 61½ bushels at 30 cents.....	18 45
Cherries, 166 pounds at 6 cents.....	9 96
Currants, red, 582 quarts at 6 cents.....	34 92
Cauliflower, 202 heads at 6 cents.....	12 12
Cider, 546 gallons at 6 cents.....	32 76
Calves, 26.....	16 00
Ensilage, 761 tons at \$3.50.....	2,663 50
Green onions, 4,224 bunches at 2 cents.....	84 48
Green peppers, 12½ bushels at 75 cents.....	9 19
Gooseberries, 100 quarts at 6 cents.....	6 00
Green tomatoes, 20 bushels at 25 cents.....	5 00
Hay, 189 tons at \$12.00.....	2,268 00
Hides, 16.....	62 68
Lettuce, 212½ bushels at 40 cents.....	85 00
Lima beans, 2½ bushels at 75 cents.....	1 69
Leeks, 524 bunches at 3 cents.....	15 72
Lamb, 147 pounds at 10 cents.....	14 70
Melons, 966 at 5 cents.....	48 30
Milk, 219,314 quarts at 3¼ cents.....	7,127 70
Onions, 181½ bushels at 60 cents.....	108 90
Oats, 2,485 bushels at 36 cents.....	894 60
Parsley, 1,792 bunches at 3 cents.....	53 76
Peas, 183 bushels at 75 cents.....	137 25
Pumpkins, 8,297 pounds at ¼ cents.....	20 74
Plums, 30½ bushels at 75 cents.....	22 87

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Pears, cooking, 49 bushels at 50 cents.....	\$24 50
Parsnips, 190 bushels at 40 cents.....	76 00
Pears, eating, 9 bushels at \$1.....	9 00
Pork, 18,816 pounds at 7½ cents.....	1,411 20
Potatoes, 4,271½ bushels at 50 cents.....	2,135 88
Pigs, 31.....	65 50
Radishes, 2,440 bunches at 4 cents.....	97 60
Rhubarb, 1,628 bunches at 5 cents.....	81 40
Raspberries, 1,792 quarts at 6 cents.....	107 52
Rye, 427 bushels at 55 cents.....	234 85
Rye flour, 15 barrels at \$4.39.....	65 85
Summer squash, 5,820 pounds at 1 cent.....	58 20
Spinach, 540 bushels at 25 cents.....	135 00
Strawberries, 2,706 quarts at 8 cents.....	216 48
Sage, 3 bunches at 10 cents.....	30
Straw, feed, 18 tons at \$6.....	108 00
Straw, bed, 94 tons at \$6.....	564 00
Skins, 25.....	19 00
Tomatoes, ripe, 271½ bushels at 40 cents.....	108 60
Turnips, 471 bushels at 25 cents.....	117 75
Turnips, farm feed, 135 bushels at 20 cents.....	27 00
Veal, 160 pounds at 8 cents.....	12 80
	<hr/>
	\$22,401 03
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FARM STOCK ON HAND SEPTEMBER 30, 1905

Bulls.....	5
Colt, three-year old.....	1
Colt, yearling.....	1
Cows.....	116
Heifers, two-year old.....	11
Heifers and calves.....	25
Hogs, fat.....	103
Horses.....	27
Pigs.....	160
Sheep and lambs.....	30
Sows, breeding.....	31
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SEVENTEENTH ANNUAL REPORT OF THE
BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE NO. 1

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904.....	663	749	1,412
Admitted during the year ending Sept. 30, 1905	169	174	343
On original commitments:			
From residences.....	117	145	262
By transfers from county houses.....	6	2	8
By transfers from other institutions for insane	46	27	73
Total number under treatment during year....	832	923	1,755
Daily average population.....	684	745	1,429
Capacity of institution.....	718	725	1,443
Discharged during the year:			
As recovered.....	39	59	98
As improved.....	15	34	49
As unimproved.....	5	9	14
As not insane.....	.....	.....	.....
Died.....	58	69	127
Whole number discharged during the year....	117	171	288
Remaining October 1, 1905.....	715	752	1,467

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	1881
Total acreage of grounds and buildings.....	925
Total acreage rented lands.....	180
Value of real estate including buildings.....	\$1,035,000 00
Value of personal property.....	190,000 00
Acreage under cultivation.....	675
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Receipts during year, maintenance fund:	
Balance on hand October 1, 1904.....	\$3,313 66
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	294,642 83
From private patients.....	3,114 21
From reimbursing patients.....	8,468 58
From all other sources.....	1,023 69
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Total receipts for maintenance.....	\$310,562 97
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$42,088 41
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Total receipts, chapter 700, wage deficiency	\$4,869 45
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Total receipts from manufacturing fund.....	\$1,737 71
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Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries.....	\$16,616 63
Estimate No. 2. For wages.....	111,321 62
Estimate No. 3. For provisions and stores.....	83,468 69
Estimate No. 4. For ordinary repairs.....	5,162 69
Estimate No. 5. For farm and grounds.....	7,062 75
Estimate No. 6. For clothing of patients.....	6,673 52
Estimate No. 7. For furniture and bedding.....	5,442 92
Estimate No. 8. For books and stationery.....	1,896 18
Estimate No. 9. For fuel and light.....	37,158 68
Estimate No. 10. For medical supplies.....	1,351 79
Estimate No. 11. For miscellaneous expenses	6,887 89
Estimate No. 12. For transportation.....	2,583 80
<hr/>	
Total disbursements, estimates 1 to 12 inclusive	\$285,627 14
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BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Total disbursements, to State treasurer	\$11,913 81
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	42,088 41
Total disbursements, chapter 700, wage deficiency...	4,869 45
Total disbursements during year, manufacturing fund	1,422 20
<hr/>	
Balances, October 1, 1905:	
General maintenance fund.....	\$13,022 02
Manufacturing fund.....	315 51
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.844
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Maximum rate of wages paid attendants:	
Men.....	\$30 00
Women.....	22 50
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Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
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Proportion of day attendants to average daily population.....	1 to 8.4
Proportion of night attendants to average daily population.....	1 to 51
Percentage of daily patients population engaged in some kind of useful occupation.....	50 00
Estimated value of farm and garden products during year.....	\$22,401 03
Estimated value of articles made or manufactured by patients during year.....	\$17,600 00
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BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc).....	4	10	14	3	2	5	....
Mental strain, worry and overwork (not included in above).....	6	8	14	.....	5	5	2
Religious excitement.....	1	1	2	.....	.....	.....	1
Love affairs (including seduction).....	1	2	3	1	1	2	....
Fright and nervous shock.	1	4	5	.....	2	2	1
Physical:							
Intemperance.....	34	2	36	4	1	5	8
Sexual excess.....	1	.....	1	.....	.....	.....	.....
Venereal diseases.....	1	2	3	.....	.....	.....	1
Masturbation.....	4	1	5	.....	.....	.....	1
Sunstroke.....	1	2	3	.....	.....	.....	.....
Accident or injury.....	4	.....	4	2	.....	2	.....
Pregnancy.....	.....	1	1	.....	.....	.....	.....
Parturition and puerperium.....	.....	5	5	.....	.....	.....	.....
Lactation.....	.....	.....	.....	.....	.....	.....	.....
Change of life.....	.....	8	8	.....	5	5	.....
Fevers.....	1	.....	1	.....	.....	.....	.....
Privation and overwork...	1	.....	1	1	.....	1	.....
Epilepsy.....	4	4	8	2	1	3	.....
Other convulsive disorders.....	.....	.....	.....	.....	.....	.....	.....
Diseases of skull and brain.	6	1	7	.....	.....	.....	1
Old age.....	6	5	11	.....	1	1	4
Exophthalmic goitre.....	.....	.....	.....	.....	.....	.....	.....
Epidemic influenza.....	1	2	3	.....	1	1	1
Abuse of drugs.....	1	3	4	.....	.....	.....	.....
All other bodily disorders and ill health.....	2	18	20	.....	6	6	....
Hereditary.....	13	13	26	11	9	20	1
Unascertained.....	76	82	158	6	10	16	28
Total.....	169	174	343	30	44	74	49

**SEVENTEENTH ANNUAL REPORT OF THE
BINGHAMTON STATE HOSPITAL—ANNUAL REPORT**

TABLE No. 4

**Showing forms of insanity in patients admitted, recovered and died during the
year ending September 30, 1905**

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	6	.....	.....
General paralysis.....	15	.....	16
Senile insanity.....	17	.....	18
Epilepsy with insanity.....	9	2	7
Imbecility, idiocy with insanity.....	8	2	3
Other psychoses.....	288	94	83

TABLE No. 5

Temporarily discontinued

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				7	2	9
Influenza.....				2	5	7
Diphtheria.....				1	1	2
Erysipelas.....	1		1	10	6	16
Septicemia and pyemia..	1	2	3	3	5	8
Dysentery.....				6	6	12
Tuberculosis.....	7	15	22	98	136	234
Constitutional diseases:						
Rheumatism (or rheumatic affections).....				2	1	3
Diabetes mellitus and diabetes insipidus....				2		2
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....				1		1
Diseases of the stomach.....				4	7	11
Diseases of the intestines	6	14	20	34	59	93
Diseases of the liver.....				8	3	11
Diseases of the peritoneum.....		1	1	4	9	13
Diseases of the respiratory system:						
Diseases of the bronchi.....		1	1	18	24	42
Diseases of the lungs....	12	5	17	117	87	204
Diseases of the pleura....				2	3	5
Diseases of the circulatory system:						
Diseases of the pericardium.....		1	1		1	1
Diseases of the heart....	16	9	25	80	74	154
Arterio-sclerosis.....				3	5	8
Aneurism.....				1	4	5
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....		2	2		3	3

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the genito- urinary system.....				19	19	38
Diseases of the nervous system:						
Diseases of the meninges.....				5	2	7
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	2	4	6	29	43	72
Functional nervous dis- eases (paralysis agitans chorea, eclampsia, hys- teria, neurasthenia)....					4	4
Epilepsy.....				50	35	85
Mental diseases:						
Exhaustion of acute mental disease....	3	5	8	76	93	169
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	10	2	12	130	25	155
The intoxications; heat heat-stroke; obesity:						
Alcoholism.....				1		1
Heat-stroke.....				1		1
Debility of old age.....		7	7	75	70	145
Accident.....				3	3	6
Suicide.....				3	5	8
Nephritis.....		1	1	20	18	38
Surgical and gynecolo- gical diseases and diseases of the skin.....					2	2
Malignant new growths or cancer.....				8	18	26
Total.....	58	69	127	823	778	1,601

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TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	9	14	23	245	196	441
Maternal branch.....	15	27	42	231	259	490
Paternal and maternal branches.....		5	5	34	46	80
Collateral branches.....	10	19	29	147	186	333
No hereditary tendency.	89	78	167	976	948	1,924
Unascertained.....	46	31	77	482	347	829
Total.....	169	174	343	2,115	1,982	4,097

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	83	63	146	946	685	1,631
Married.....	63	76	139	913	899	1,812
Widowed.....	14	28	42	184	359	543
Divorced.....	2	1	3	18	15	33
Unascertained.....	7	6	13	54	24	78
Total.....	169	174	343	2,115	1,982	4,097

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	7	6	13	60	22	82
Academic.....	7	17	24	95	124	219
Common school.....	100	103	203	1,461	1,401	2,862
Read and write.....	1	.....	1	26	33	59
Read only.....	.....	1	1	35	58	93
No education.....	3	8	11	124	101	225
Unascertained.....	51	39	90	314	243	557
Total.....	169	174	343	2,115	1,982	4,097

SEVENTEENTH ANNUAL REPORT OF THE
BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. II
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	6	5	11	4	7	11	79	53	132	80	60	140
One to three months.....	6	5	11	6	5	11	86	65	151	78	60	138
Three to six months.....	8	9	17	8	1	9	59	49	108	76	36	112
Six to nine months.....	3	3	6	5	4	9	41	28	69	58	39	97
Nine months to one year.....	.....	.....	.....	2	1	3	16	17	33	34	33	67
One year to eighteen months.....	5	7	12	1	4	5	56	52	108	67	53	120
Eighteen months to two years.....	.....	2	2	5	5	10	18	9	27	47	33	80
Two to three years.....	5	9	14	6	3	9	76	77	153	91	62	153
Three to four years.....	2	2	4	3	6	9	57	38	95	59	50	109
Four to six years.....	4	5	9	3	2	5	65	54	119	57	99	156
Six to ten years.....	4	6	10	6	12	18	45	67	112	95	137	232
Ten to twenty years.....	7	8	15	5	14	19	53	67	120	74	108	182
Twenty years and over.....	3	2	5	4	5	9	33	59	92	7	8	15
Unascertained.....	5	6	11	.....	.....	.....	139	143	282	.....	.....	.....
Total.....	58	69	127	58	69	127	823	778	1,601	823	778	1,601
Average duration of insane life (given years and tenths)...				10.7	13.3	12	.....	.....	.....	8.5	11.5	10

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....						
From 10 to 15 years.....				3	8	11
From 15 to 20 years.....	5	2	7	72	35	107
From 20 to 25 years.....	13	11	24	148	137	285
From 25 to 30 years.....	17	16	33	190	164	354
From 30 to 35 years.....	20	20	40	227	197	424
From 35 to 40 years.....	18	12	30	222	194	416
From 40 to 50 years.....	39	40	79	433	482	915
From 50 to 60 years.....	22	36	58	350	341	691
From 60 to 70 years.....	12	19	31	243	238	481
From 70 to 80 years.....	15	11	26	167	135	302
From 80 to 90 years.....	3	4	7	44	31	75
From 90 to 100 years.....				1	5	6
Unascertained.....	5	3	8	15	15	30
Total.....	169	174	343	2,115	1,982	4,097

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years....	1		1	14	15	29
From 20 to 30 years....	7	10	17	100	99	199
From 30 to 40 years....	7	14	21	98	103	201
From 40 to 50 years....	8	12	20	117	97	214
From 50 to 60 years....	12	15	27	69	77	146
From 60 to 70 years....	3	7	10	34	34	68
From 70 to 80 years....	1	1	2	19	7	26
From 80 to 90 years....				1	1	2
Unascertained.....				1	3	4
Total.....	39	59	98	453	436	889

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				1	.....	1
From 15 to 20 years.....		1	1	7	6	13
From 20 to 25 years.....	1	1	2	15	18	33
From 25 to 30 years.....		3	3	33	27	60
From 30 to 35 years.....	3	5	8	45	35	80
From 35 to 40 years.....	3	2	5	67	43	110
From 40 to 50 years.....	9	5	14	130	129	259
From 50 to 60 years.....	6	13	19	159	139	298
From 60 to 70 years.....	14	13	27	164	154	318
From 70 to 80 years.....	15	19	34	131	160	291
From 80 to 90 years.....	6	7	13	62	44	106
From 90 to 100 years.....				.....	10	10
Unascertained.....	1	.....	1	9	13	22
Total.....	58	69	127	823	778	1,601

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	38	39	77
One to three months.....	23	28	51
Three to six months.....	13	21	34
Six to nine months.....	14	9	23
Nine months to one year.....	3	1	4
One year to eighteen months.....	9	4	13
Eighteen months to two years.....	1	2	3
Two to three years.....	7	14	21
Three to four years.....	9	7	16
Four to five years.....	4	7	11
Five to ten years.....	17	6	23
Ten to fifteen years.....	12	11	23
Fifteen to twenty years.....	3	9	12
Twenty to thirty years.....	.....	5	5
Unascertained.....	16	11	27
Total.....	169	174	343

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	17	13	30
One to three months.....	42	37	79
Three to six months.....	32	45	77
Six to nine months.....	15	19	34
Nine months to one year.....	20	13	33
One year to eighteen months.....	27	29	56
Eighteen months to two years.....	21	19	40
Two to three years.....	31	34	65
Three to four years.....	38	35	73
Four to five years.....	31	22	53
Five to ten years.....	184	160	344
Ten to fifteen years.....	112	170	282
Fifteen to twenty years.....	74	72	146
Twenty to thirty years.....	71	84	155
Total.....	715	752	1,467

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, sur- veyors, etc.....	6	.....	6	86	4	90
Commercial: Bankers, merchants,, ac- countants clerks, salesmen, shopkeepers, shop men, stenogra- phers, typewriters, etc.	26	.....	26	223	2	225
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc.....	39	.....	39	599	1	600
Mechanics at out-door vocations: Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	18	.....	18	274	.....	274
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	7	.....	7	160	1	161
Domestic service: Waiters, cooks, servants, etc.....	1	21	22	18	334	352
Educational and higher domestic duties: Governesses, teachers, students housekeep- ers, nurses, etc.....	3	103	106	21	1,222	1,243
Commerical: Shopkeepers, sales- women, stenographers, typewriters, etc.....	.....	2	2	.....	10	10

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	9	12	21	12	118	130
Miners, seamen, etc.....	.....	.....	.....	2	.....	2
Laborers.....	38	.....	38	495	.....	495
No occupation.....	17	30	47	177	242	419
Unascertained.....	5	6	11	48	48	96
Total.....	169	174	343	2,115	1,982	4,097

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Armenia.....				1		1
Austria.....	1		1	5	2	7
Bohemia.....				1	1	2
Canada.....	1	1	2	13	10	23
China.....				1		1
Cuba.....				1		1
East Indies.....				1		1
Ecuador.....				1		1
England.....	5	4	9	38	22	60
France.....				2	4	6
Germany.....	2	4	6	62	51	113
Holland.....				2	1	3
Hungary.....				2	4	6
India.....				1		1
Ireland.....	7	13	20	185	208	393
Italy.....	1	1	2	6	4	10
Nova Scotia.....				1		1
Poland.....		1	1	6	5	11
Prussia.....				1		1
Roumania.....				1		1
Russia.....	3	1	4	6	8	14
Scotland.....				10	13	23
Spain.....				1		1
Sweden.....		1	1	2	3	5
Switzerland.....				2	9	11
Syria.....		2	2		3	3
United States.....	140	136	276	1,694	1,553	3,247
Wales.....				5	2	7
West Indies.....				1		1
Unascertained.....	9	10	19	63	79	142
Total.....	169	174	343	2,115	1,982	4,097

Of the total number admitted since the 1st of October, 1888, the parents of 22.2 per cent were both of foreign birth.

In 2.6 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.1 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....	2	.....	2
Allegany.....	.....	.....	.....
Broome.....	67	4	71
Cattaraugus.....	.....	.....	.....
Cayuga.....	2	.....	2
Chautauqua.....	.....	.....	.....
Chemung.....	47	.....	47
Chenango.....	21	.....	21
Clinton.....	.....	.....	.....
Columbia.....	.....	.....	.....
Cortland.....	17	.....	17
Delaware.....	24	1	25
Dutchess.....	.....	.....	.....
Erie.....	2	.....	2
Essex.....	.....	.....	.....
Franklin.....	.....	.....	.....
Fulton.....	1	.....	1
Genesee.....	.....	.....	.....
Greene.....	.....	.....	.....
Hamilton.....	.....	.....	.....
Herkimer.....	1	.....	1
Jefferson.....	.....	.....	.....
Kings.....	39	.....	39
Lewis.....	.....	.....	.....
Livingston.....	1	.....	1
Madison.....	32	.....	32
Monroe.....	.....	.....	.....
Montgomery.....	1	.....	1
Nassau.....	.....	.....	.....
New York.....	5	.....	5
Niagara.....	.....	.....	.....
Oneida.....	8	.....	8
Onondaga.....	.....	.....	.....
Ontario.....	.....	.....	.....
Orange.....	.....	.....	.....
Orleans.....	.....	.....	.....
Oswego.....	.....	.....	.....
Otsego.....	26	.....	26
Putnam.....	.....	.....	.....
Queens.....	.....	.....	.....
Rensselaer.....	.....	.....	.....
Richmond.....	.....	.....	.....
Rockland.....	.....	.....	.....
St. Lawrence.....	.....	.....	.....

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....	4	.....	4
Schenectady.....	2	.....	2
Schoharie.....	12	.....	12
Schuyler.....	.....	.....	.....
Seneca.....	.....	.....	.....
Steuben.....	.....	.....	.....
Suffolk.....	.....	.....	.....
Sullivan.....	.....	.....	.....
Tioga.....	22	1	23
Tompkins.....	.....	.....	.....
Ulster.....	.....	.....	.....
Warren.....	1	.....	1
Washington.....	.....	.....	.....
Wayne.....	.....	.....	.....
Westchester.....	.....	.....	.....
Wyoming.....	.....	.....	.....
Yates.....	.....	.....	.....
Soldiers' Home.....	.....	.....	.....
Total.....	337	6	343

STATE COMMISSION IN LUNACY

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	25	19	44	.....	.....	.....
Allegany.....	1	.....	1	.....	.....	.....
Broome.....	116	120	236	.....	2	2
Cattaraugus.....	.....	.....	.....	.....	.....	.....
Cayuga.....	2	1	3	.....	.....	.....
Chautauqua.....	.....	.....	.....	.....	.....	.....
Chemung.....	79	75	154	1	1	2
Chenango.....	41	48	89	.....	.....	.....
Clinton.....	.....	.....	.....	.....	.....	.....
Columbia.....	1	2	3	.....	.....	.....
Cortland.....	29	42	71	1	1	2
Delaware.....	49	53	102	1	.....	1
Dutchess.....	4	8	12	.....	.....	.....
Erie.....	1	1	2	.....	.....	.....
Essex.....	.....	.....	.....	.....	.....	.....
Franklin.....	.....	.....	.....	.....	.....	.....
Fulton.....	8	4	12	.....	.....	.....
Genessee.....	.....	.....	.....	.....	.....	.....
Greene.....	6	15	21	.....	.....	.....
Hamilton.....	.....	.....	.....	.....	.....	.....
Herkimer.....	1	1	2	.....	.....	.....
Jefferson.....	.....	.....	.....	.....	.....	.....
Kings.....	63	21	84	1	1	2
Lewis.....	.....	.....	.....	.....	.....	.....
Livingston.....	1	1	2	.....	.....	.....
Madison.....	51	37	88	1	.....	1
Monroe.....	.....	1	1	.....	.....	.....
Montgomery.....	8	4	12	.....	.....	.....
New York.....	3	55	58	.....	1	1
Niagara.....	.....	.....	.....	.....	.....	.....
Oneida.....	9	.....	9	.....	.....	.....
Onondaga.....	10	1	11	1	.....	1
Ontario.....	.....	.....	.....	.....	.....	.....
Orange.....	4	10	14	.....	.....	.....
Orleans.....	.....	.....	.....	.....	.....	.....
Oswego.....	.....	.....	.....	.....	.....	.....
Otsego.....	44	58	102	.....	.....	.....
Putnam.....	.....	1	1	.....	.....	.....
Queens.....	5	.....	5	.....	.....	.....
Rensselaer.....	22	20	42	.....	.....	.....
Richmond.....	2	2	4	.....	.....	.....

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland.....	1	3	4	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	17	15	32	.....	.....	.....
Schenectady.....	2	.....	2	.....	.....	.....
Schoharie.....	23	33	56	.....	.....	.....
Schuyler.....	.....	1	1	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....
Steuben.....	10	12	22	.....	.....	.....
Suffolk.....	5	4	9	.....	.....	.....
Sullivan.....	2	1	3	.....	.....	.....
Tioga.....	36	43	79	.....	.....	.....
Tompkins.....	.....	2	2	.....	.....	.....
Ulster.....	8	5	13	.....	.....	.....
Warren.....	6	3	9	.....	.....	.....
Washington.....	.....	1	1	1	.....	1
Wayne.....	.....	.....	.....	.....	.....	.....
Westchester.....	8	21	29	.....	.....	.....
Wyoming.....	.....	.....	.....	.....	.....	.....
Yates.....	.....	.....	.....	.....	.....	.....
Unascertained.....	5	2	7	.....	.....	.....
Total.	708	746	1,454	7	6	13

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 21

Showing the movement of population since the opening of the hospital, October 19, 1881

Total number of admissions.....	5,929
Total number discharged as recovered.....	992
Total number discharged as improved.....	713
Total number discharged as unimproved.....	726
Total number discharged as not insane.....	23
Total number died.....	2,008
<hr/>	
Total number discharged.....	4,462
<hr/>	
Remaining October 1, 1905.....	1,467
<hr/>	

TABLE No. 22

Showing suicidal and homicidal attempts and tendencies in cases admitted during the year ending September 30, 1905

	Men	Women	Total
Attempted suicide.....	8	12	20
Threatened suicide.....	14	18	32
Attempted homicide.....	2	1	3
Meditated homicide.....	.....	.....	.....
Threatened homicide.....	19	16	35
Threatened suicide and homicide.....	8	3	11
Attempted suicide and threatened homicide ..	1	1	2
Attempted homicide and threatened suicide ..	.....	1	1
Attempted suicide and homicide.....	.....	1	1
<hr/>		53	105
Total.....	52		

**SEVENTEENTH ANNUAL REPORT OF THE
BINGHAMTON STATE HOSPITAL—ANNUAL REPORT**

TABLE No. 23

This table is submitted for the purpose of showing how large a proportion of the cases admitted during the past 16 years were virtually chronic cases when admitted

YEAR	Whole number admitted	Found not insane	Number insane one year and over	Percentage insane one year and over
1890.....	104	.....	73	70.19
1891.....	282	.....	181	64.18
1892.....	207	1	129	62.31
1893.....	235	.....	134	57.02
1894.....	192	2	84	43.75
1895.....	218	.....	82	37.61
1896.....	405	2	285	70.37
1897.....	241	.....	89	36.92
1898.....	211	.....	83	39.33
1899.....	258	3	95	33.33
1900.....	265	1	125	47.17
1901.....	226	3	86	38.73
1902.....	262	3	105	40.07
1903.....	223	2	76	34.39
1904.....	261	1	90	34.48
1905.....	343	.....	154	44.90
Total.....	3,933	18	1,871	47.55

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 24

Showing the percentage of recoveries on the average population and on the number admitted since 1881

YEAR	ON AVERAGE POPULATION			ON ADMISSION		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1882.....	156	4	2.56	298	4	1.34
1883.....	341	11	3.22	211	11	5.23
1884.....	502	15	2.98	243	15	6.17
1885.....	674	18	2.67	283	18	6.38
1886.....	852	17	1.99	319	17	5.32
1887.....	994	10	1.50	272	10	3.67
1888.....	1,053	28	2.65	206	28	13.59
1889.....	1,100	19	1.72	164	94	11.58
1890.....	1,096	17	1.55	104	17	16.34
1891.....	1,136	34	2.99	282	34	12.05
1892.....	1,143	26	2.27	207	26	12.62
1893.....	1,258	32	2.54	235	32	13.61
1894.....	1,244	27	2.17	192	27	14.06
1895.....	1,222	61	4.99	218	61	27.98
1896.....	1,249	54	4.32	405	54	13.33
1897.....	1,325	67	5.05	241	67	27.80
1898.....	1,339	66	4.92	211	66	31.28
1899.....	1,341	60	4.47	258	60	23.25
1900.....	1,353.5	74	5.46	265	74	27.92
1901.....	1,376	74	5.37	226	74	32.74
1902.....	1,382	55	3.98	262	55	20.99
1903.....	1,397.6	65	4.65	223	65	29.15
1904.....	1,400.3	60	4.28	261	60	22.95
1905.....	1,429	98	6.86	343	98	28.57

SEVENTEENTH ANNUAL REPORT OF THE
BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 25

Showing the percentage of deaths on the whole number treated and on the
average population for 24 years

YEAR	Deaths	Whole number treated	Percentage	Average population	Percentage
1882.....	14	298	4.69	156	8.96
1883.....	40	486	8.23	341	11.73
1884.....	47	668	7.03	502	9.36
1885.....	58	863	6.72	674	8.60
1886.....	80	1,086	7.36	852	9.38
1887.....	87	1,208	7.20	994	8.75
1888.....	81	1,245	6.50	1,053	7.69
1889.....	69	1,241	5.56	1,100	6.27
1890.....	55	1,212	4.53	1,096	5.01
1891.....	77	1,389	5.54	1,136	6.77
1892.....	87	1,364	6.37	1,143	7.61
1893.....	80	1,431	5.59	1,258	6.35
1894.....	84	1,463	5.74	1,244	6.75
1895.....	82	1,437	5.70	1,222	6.71
1896.....	86	1,631	5.27	1,249	6.88
1897.....	86	1,538	5.59	1,325	6.49
1898.....	103	1,547	6.65	1,339	7.69
1899.....	117	1,596	7.33	1,341	8.72
1900.....	106	1,607	6.58	1,353.5	7.90
1901.....	114	1,602	7.11	1,376	8.28
1902.....	101	1,612	6.20	1,382	7.30
1903.....	95	1,629	5.84	1,397.6	6.80
1904.....	132	1,661	7.95	1,400.3	9.43
1905.....	127	1,755	7.24	1,429	8.89

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 26

Showing the number of cases of general paresis admitted since 1881

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1882.....	3	.....	3	.....	.....	.....
1883.....	6	.....	6	4	.....	4
1884.....	13	.....	13	4	.....	4
1885.....	25	.....	25	10	.....	10
1886.....	23	.....	23	9	.....	9
1887.....	19	1	20	12	1	13
1888.....	10	1	11	14	.....	14
1889.....	10	4	14	7	.....	7
1890.....	4	.....	4	3	.....	3
1891.....	7	2	9	4	1	5
1892.....	5	.....	5	7	1	8
1893.....	2	.....	2	4	2	6
1894.....	2	.....	2	4	.....	4
1895.....	1	2	3	3	1	4
1896.....	13	3	16	8	2	10
1897.....	10	.....	10	12	3	15
1898.....	10	5	15	18	3	21
1899.....	15	4	19	10	.....	10
1900.....	14	3	17	9	4	13
1901.....	13	.....	13	4	5	9
1902.....	13	.....	13	10	.....	10
1903.....	9	3	12	13	1	14
1904.....	8	1	9	9	3	12
1905.....	12	3	15	13	3	16
Total.....	247	32	279	191	30	221

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

YEAR	Number admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
1882.....	298	9	298	4	3	2	.....	41
1883.....	211	21	486	11	4	5	1	40
1884.....	243	41	668	15	16	10	.....	47
1885.....	283	38	863	18	14	5	1	58
1886.....	319	70	1,086	17	43	10	.....	80
1887.....	272	82	1,208	10	47	25	.....	87
1888.....	206	87	1,245	28	36	23	.....	81
1889.....	164	64	1,241	19	5	40	.....	69
1890.....	104	50	1,212	17	2	31	.....	55
1891.....	282	155	1,389	34	22	99	.....	77
1892.....	207	81	1,364	26	28	26	1	87
1893.....	235	80	1,431	32	36	12	.....	80
1894.....	192	160	1,463	27	46	85	2	84
1895.....	218	211	1,437	61	42	26	.....	82
1896.....	405	334	1,631	54	31	161	2	86
1897.....	241	202	1,538	67	29	20	.....	86
1898.....	211	209	1,547	66	29	11	.....	103
1899.....	258	254	1,596	60	52	22	3	117
1900.....	265	231	1,607	74	39	11	1	106
1901.....	226	252	1,602	74	36	24	4	114
1902.....	262	206	1,612	55	26	22	2	101
1903.....	223	229	1,629	65	32	34	3	95
1904.....	261	249	1,661	60	46	8	3	132
1905.....	343	288	1,755	98	49	14	.....	127

TABLE No. 27

General table showing the operations of the Binghamton State Hospital for the 24 years ending September 30, 1905

NINETEENTH ANNUAL REPORT
OF THE
BOARD OF MANAGERS
OF
ST. LAWRENCE STATE HOSPITAL
OGDENSBURG, N. Y.
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905

OFFICERS

BOARD OF MANAGERS

S. MORTIMER COON.....	Oswego, N. Y.
GEORGE W. DUSTIN.....	Malone, N. Y.
DR. JOHN J. ROBINSON.....	Plattsburg, N. Y.
FREDERICK R. HAZARD.....	Syracuse, N. Y.
MRS. MARY S. GOODALE.....	Watertown, N. Y.
MRS. ANNIE E. DANIELS.....	Ogdensburg, N. Y.
S. F. BAGG.....	Watertown, N. Y.

OFFICERS OF THE BOARD OF MANAGERS

S. MORTIMER COON.....	President
MRS. MARY S. GOODALE.....	Secretary

EXECUTIVE COMMITTEE

GEORGE W. DUSTIN.....	MRS. ANNIE E. DANIELS
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ATTORNEY

HON. GEORGE R. MALBY.....	Ogdensburg, N. Y.
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CONSULTING STAFF

G. C. MADILL, M. D., Ogdensburg.....	Surgeon
W. B. HANBIDGE, M. D., Ogdensburg.....	Internal Medicine
W. N. BELL, M. D., Ogdensburg.....	Ophthalmologist
H. B. BUTLER, D. D. S., Ogdensburg.....	Dentist

RESIDENT OFFICERS

MEDICAL SUPERINTENDENT

RICHARD H. HUTCHINGS, M. D.

ELBERT M. SOMERS, M. D. First Assistant Physician
ROY L. LEAK, M. D. Second Assistant Physician
WALTER G. RYON, M. D. Assistant Physician
ETHAN A. NEVIN, M. D. Assistant Physician
CHARLES M. BURDICK, M. D. Assistant Physician
CAROLINE S. PEASE, M. D. Woman Physician
JAMES M. O'NEILL, M. D. Junior Physician
NICHOLAS J. DYNAN, M. D. Medical Interne

STEWARD

WILLIAM C. HALL

MATRON

MISS KATE A. SHERRY, R. N.

ERNEST S. BROWN. Chief Engineer
MARTIN HOULIHAN. Bookkeeper
JOHN MULLEN. Storekeeper
WILLIAM J. MEA. Apothecary

REPORT OF THE MANAGERS

To the Honorable, the Governor, and the State Commission in Lunacy:

The board of managers of the St. Lawrence State Hospital beg leave to submit its annual report for the year ending September, 1905.

The board of managers was not appointed until sometime in June, 1905, and therefore has not been in office for the whole year ending September 30th. As all the members of the former board of visitation were appointed on the new board of managers, and all except one having such appointment, the members of the former board have knowledge of the workings of the State hospital during the whole of the year, and together with the two additional and efficient new members on the board, it is hoped that we may be able to make a report which will substantially answer the requirements of the statute.

The annual report for the year ending September 30, 1905, made to the board of managers by Superintendent R. H. Hutchings, M. D., is herewith presented. The same will be found to be very full and complete, and it is referred to especially as illustrating, generally, the very efficient management of the institution by the superintendent, and his competent corps of helpers in all the departments. Upon examination of the superintendent's report, it will be found that many recommendations are made with reference to methods of conducting the institution, including some very much needed additions, changes and repairs to the buildings in the several departments, and to an increase in the acreage of the farm property; the report showing the general benefit to be derived in each instance stated in the recommendations. The managers have knowledge of the matters mentioned in each one of these recommendations of the superintendent and most heartily approve of the same. It will not be necessary, therefore, in this report to discuss in any great degree in detail these recommendations, except to call attention in some respects to special features pertaining to those matters.

The population of the State hospital September 30, 1905, was 900 men and 822 women, making a total of 1722 patients. No serious epidemics prevailed among them during the year, and on the whole their general health was quite as good as could be expected under the circumstances.

It is with much satisfaction that we are able to report that the new building, Inwood, the construction of which was commenced in September, 1904, is well under way and will probably be finished

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

and ready for occupancy in the near future. This building is constructed in pursuance of an appropriation by the Legislature, and by a resolution of the Commission in Lunacy, for the special purpose and use of the patients who are infected by tuberculosis, and will have accommodations for 100 patients. There were 78 such patients September 30, 1905. It is a great step in advance that these patients may be removed from the several wards where they were mingling daily with other patients, and where there can be facilities for their care and treatment, and at the same time be under the same high degree of treatment for insanity. We can but be proud of the great state of New York when we realize the very efficient and up-to-date measures that the State is taking for the care and treatment for the relief of these most unfortunate people. It is really a mark of a high degree of civilization.

We briefly mention that the enlargement of the laundry, provided for by the Legislature in its appropriation of \$10,000 for that purpose, has been commenced and the work is well under way. It is a much needed addition.

During the year several of the floors and verandas of the large buildings have been reconstructed; the cold storage plant has been more completely equipped, giving it a much larger capacity for use. A large amount of painting has been done in and upon the various buildings, and the farm barns have been repaired in several important respects. Many other much needed changes and repairs have been made, a detailed statement of which is to be found in the superintendent's report.

The management of the farm during the year has been very satisfactory. The wet season retarded the growth of the crops, and with severe storms damaged to some extent growing vegetation, but on the whole the yield for the year is likely to be about an average. The estimated value of the products for the year ending September 30, 1905, is \$34,387.02. The farm is valuable in many ways, besides the actual value of the produce; it furnishes a large field of activity for such patients as are able to be out of doors and to perform some labor, and such patients are a large proportion of the total number; such out door life is beneficial to them physically and mentally, and should be encouraged in every possible way. The same is true of the shops for the manufacture of articles useful in the institution, and should be encouraged. We would recommend such enlargement of shops as would give employment and occupation to very many of the women; believing that such useful occupation for both men and women would render the discipline of the institution much less difficult and add very greatly to the comfort and pleasure

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

of the patients. More farm land is needed and can be profitably used to increase the farm products, as well as for all the purposes mentioned.

The school for nurses is a great success, and the medical staff is entitled to great credit for the thoroughness of their work. A fine class of 19 trained nurses was graduated in the month of September, with such high standing as to meet the approval of the board of regents, and to obtain their degree.

A new departure has been made along this line during the past year, giving special and systematic training to new employees, instructing them in the rules and regulations of the institution, and as to the new and onerous duties which they will have to perform. This is decidedly to be commended, as we must appreciate the fact that a considerable degree of the efficiency of the institution is dependent upon the efficiency of its employees, who are in immediate contact with the patients.

The medical staff of the hospital has shown great efficiency and fidelity in their work, and it is with great pleasure that the board of managers can fully commend their labor.

Superintendent Hutchings is entitled to great credit for his excellent business management in the affairs of the hospital, and his high, scientific and practical skill in the treatment of the patients. We believe that the welfare of the hospital under his supervision has in no degree been lowered since his appointment, but has constantly remained in a high degree of efficiency, and that the general policy is a broad and progressive one, in accordance with the best thought of the age for the treatment and care of the insane.

No charges or complaints of any kind have been made during the year to the board of managers.

Speaking generally, it is the judgment of the board of managers that the inspection of the hospital has been thorough and complete, in all its departments, by the members of the board, and that the interests of the institution have been carefully inquired into, and that a general condition of efficiency exists in its management, in the whole institution.

All of which is respectfully submitted.

S. MORTIMER COON
JOHN J. ROBINSON
ANNIE E. DANIELS
S. F. BAGG
GEORGE W. DUSTIN
MARY S. GOODALE

Managers

SEVENTEENTH ANNUAL REPORT OF THE
ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TREASURER'S REPORT

To the State Commission in Lunacy:

I herewith respectfully submit the treasurer's report for the year ending September 30, 1905:

MAINTENANCE FUND

Balance on hand September 30, 1904.....	\$919 63
Received from comptroller on approved estimates of the State Commission in Lunacy from September 30, 1904, to September 30, 1905:	
For officers' salaries.....	16,920 00
For wages.....	117,000 00
For supplies.....	181,200 00
Received from steward for sales, rents, etc.....	627 19
Received from reimbursing patients.....	12,468 96
Received from private patients.....	4,116 01
Received from Albert J. Curtis over-payment com- mutation voucher 1465.....	6 00
	<hr/>
Total.....	\$333,257 79

Disbursements

Paid vouchers as per statements sent comptroller:	
Officers' salaries	\$16,863 05
Wages.....	116,917 22
Supplies.....	182,777 28
Paid State treasurer cash received from miscellaneous sources from September 30, 1904, to October 1, 1905	16,584 97
	<hr/>
	\$333,142 52
	<hr/>
Balance on hand September 30, 1905.....	\$115 27
	<hr/> <hr/>

GENERAL MANUFACTURING FUND

Receipts

Balance on hand September 30, 1904.....	\$1,264 43
Received from St. Lawrence State Hospital for butter	7,829 28
Received from St. Lawrence State Hospital for cheese	798 64

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

Received from St. Lawrence State Hospital for eggs..	\$1,531 80
Received from St. Lawrence State Hospital for apple jelly.....	150 00
Received from St. Lawrence State Hospital for pork.	552 69
Received from T. E. McGarr for butter.....	30 00
Received from W. C. Hall, steward, sales, uniforms, etc.....	1,038 96
Total.....	\$13,195 80

Disbursements

Paid vouchers 1 to 160, as per statement sent comp- troller from September 30, 1904, to October 1, 1905.....	13,090 52
Balance on hand September 30, 1905.....	\$105 28

SPECIAL FUND

Receipts

Received from State treasury, chapter 635, Laws of 1904.....	\$37,491 32
Received from State treasury, chapter 700, Laws of 1905.....	4,084 68
Total.....	\$41,576 00

Disbursements

Paid vouchers during the year, chapter 635, Laws of 1904.....	\$37,491 32
Paid vouchers during the year, chapter 700, Laws of 1905.....	4,084 68
	\$41,576 00

R. H. HUTCHINGS

Treasurer

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

SUMMARY OF VOUCHERS AUDITED DURING THE YEAR

Officers' salaries	\$16,863 05
Wages.....	116,917 22
Provisions and stores.....	87,032 04
Ordinary repairs.....	11,770 69
Farm and grounds.....	8,622 12
Clothing.....	9,375 44
Furniture and bedding.....	8,384 72
Books and stationery.....	2,060 30
Fuel and light.....	42,990 40
Medical supplies.....	1,354 06
Miscellaneous expense.....	7,602 28
Transportation of patients.....	3,585 23
	<hr/>
	\$316,557 55
	<hr/> <hr/>

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

BI-MONTHLY AUDIT OF VOUCHERS, WITH CLASSIFICATION, YEAR ENDING SEPTEMBER 30, 1905

CLASSIFICATION	October and November	December and January	February and March	April and May	June and July	August and September	Total
Officers' salaries.....	\$2,923 81	\$2,831 31	\$2,752 31	\$2,708 48	\$2,781 82	\$2,865 32	\$16,863 05
Wages.....	19,573 96	19,582 65	19,539 37	19,391 86	19,415 35	19,414 03	116,917 22
Provisions and stores.....	14,111 02	15,436 25	14,821 23	15,933 67	12,742 61	13,987 26	87,032 04
Ordinary repairs.....	1,561 42	1,994 83	1,226 51	2,114 55	1,869 71	3,003 67	11,770 69
Farm and grounds.....	1,042 70	1,565 16	1,328 97	2,962 90	1,081 08	641 31	8,622 12
Clothing.....	3,201 01	1,361 26	1,234 12	1,177 64	1,146 66	1,254 75	9,375 44
Furniture and bedding.....	3,078 27	1,069 98	1,249 41	1,341 24	753 39	892 43	8,384 72
Books and stationery.....	499 77	326 71	260 56	306 48	414 20	252 58	2,060 30
Fuel and light.....	9,234 41	8,916 07	11,570 94	6,165 75	2,908 33	4,194 90	42,990 40
Medical supplies.....	191 55	297 07	220 44	306 29	171 05	167 66	1,354 06
Miscellaneous expense.....	1,585 38	1,237 84	1,194 05	1,412 62	1,076 66	1,095 73	7,602 28
Transportation of patients.....	545 50	471 22	658 05	789 77	599 45	521 24	3,585 23
	\$57,548 80	\$55,090 35	\$56,055 96	\$54,611 25	\$44,960 31	\$48,290 88	\$316,557 55

OFFICE OF SUPERINTENDENT

ST. LAWRENCE STATE HOSPITAL

OGDENSBURG, N. Y., *December 12, 1905*

To the Board of Managers of St. Lawrence State Hospital:

Dear Sirs—I have the honor to submit herewith the 19th annual report of St. Lawrence State Hospital for the year ending September 30, 1905.

Very respectfully yours,

R. H. HUTCHINGS

Superintendent

REPORT OF THE SUPERINTENDENT

To the Board of Managers of St. Lawrence State Hospital:

I have the honor to submit the following report of the operations of the hospital for the fiscal year ending September 30, 1905. The changes in population will be seen by the following tables:

	Men	Women	Total
Remaining October 1, 1904.....	881	825	1,706
Admitted during year ending September 30, 1905:			
On original commitments:			
From residences.....	154	123	277
By transfers from county houses	4	6	10
By transfers from other institutions for insane.....	3	0	3
	<hr/>	<hr/>	<hr/>
	161	129	290
Total number under treatment during year.....	1,042	954	1,996
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Daily average population.....	891.569	825.871	1717.44
Capacity of institution.....	907	786	1,693
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Discharged during the year:			
As recovered.....	50	35	85
As improved.....	21	22	43
As unimproved.....	15	8	23
As not insane.....	1	2	3
Died.....	55	65	120
	<hr/>	<hr/>	<hr/>
Whole number discharged during year.....	142	132	274
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Remaining October 1, 1905.....	900	822	1,722
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

It will be seen by examination of the above table that the number of admissions the past year was exactly the same as during the year previous. The number of discharges was fewer, resulting in an increase in the population of 16, all but one of which is accounted for by the diminished death rate. Last year 135 died, whereas this year there were but 120. The recoveries for the year under consideration were 85. Last year there were 79. The recovery rate is usually

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

figured upon percentage to total admissions, which for the present year is 29 per cent, or if we exclude 10 cases transferred from other State hospitals and county houses, the percentage of recoveries will be 30 per cent. Physicians of the State hospital examined at their homes a number of doubtful cases, and there were excluded in this way, as not insane within the meaning of the law, four cases.

PROVISIONAL DIAGNOSES

From October 1, 1904, to September 30, 1905

	Men	Women
Sydenham's chorea, with excitement.....	0	1
Traumatic psychoses.....	2	0
Exophthalmic goitre, with excitement.....	0	1
Huntingdon's chorea, with deterioration.....	1	0
Organic brain disease.....	3	1
Senile deterioration.....	22	11
General paralysis.....	17	2
General paralysis, with tabes.....	2	0
<i>Alcoholic Psychoses:</i>		
Alcoholic hallucinosis.....	14	2
Alcoholic paranoic states.....	6	0
Alcoholic delirium.....	4	1
Alcoholic deterioration.....	5	4
Drug psychoses.....	3	3
Infective exhaustive psychoses.....	1	3
Allied conditions.....	0	4
Depression, not sufficiently distinguished.....	2	0
Melancholia, involutional.....	10	14
Melancholia, symptomatic.....	1	0
Melancholia, affective.....	0	2
Paranoic states.....	1	10
Dementia præcox.....	27	30
Allied conditions.....	2	3
Manic depressive insanity.....	8	15
Allied conditions.....	5	3
Constitutional inferiority.....	2	6
Imbecility, with excitement.....	8	5
Epileptic insanity.....	10	6
Pre-senile insanity.....	0	1
Not insane.....	3	1
Unclassified.....	2	0
	<hr/> 161	<hr/> 129
	<hr/> <hr/>	<hr/> <hr/>

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

Reference to the special table Provisional diagnoses, shows an interesting array of cases which have presented themselves during the year for the consideration of the medical staff. One of the most striking features of this table is the large proportion of cases that were distinctly preventable. I refer to only three of the groups—general paralysis, alcoholic insanity and psychoses resulting from the abuse of drugs. These aggregate 63 cases, almost 22 per cent of the total admissions for the year.

General paralysis is a syphilitic disease. Whether produced directly by syphilitic poison, or whether syphilis prepares the soil for another infection, can not be determined in the present state of our knowledge, but that it is a preventable disease can not be denied. Alcoholic insanity was diagnosed in 36 cases, and drug addiction in six. Alcoholic and drug cases are not admitted to the hospital for the treatment of the habit. We have frequent requests to receive patients for that purpose, but they are invariably refused. The cases referred to above were those in which insanity had been produced by continued or excessive use of these agents. There is no reason to suppose that these vices prevail to a greater extent in this district than elsewhere, and if this is true, what a harvest of insanity is reaped throughout the country by alcohol and drugs. In New York state alone it would number 810 cases annually.

That many other cases of insanity, the origin of which was more complex, could have been prevented by measures adopted in time is also true. The question of the prevention of insanity has not occupied the attention of physicians and teachers to the degree that its importance and practicability deserve. In fact, it is a subject that is scarcely considered at all, and an acute attack usually comes as a surprise to the friends and relatives of the patient. Insanity has its possibility transmitted by heredity, but the influences of environment and education are of as great, if not of greater, importance. It should be anticipated in families where a parent or grandparent has been insane, by attention to the rearing and education of the child, and the choice of occupation of the man. The influence of early training and education is of importance second only to heredity. It is a double handicap that a child born of neurotic stock must be reared by a nervous and poorly balanced parent. Children are as quick to imitate the mental and emotional tone as the habits and gestures of their elders. They accept their environment as the natural order of things, and can not fail to be injuriously influenced by a vacillating and poorly directed training, one day severely admonishing and another day in another mood indulgent

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

or indifferent. The growing brain is a plastic material and can be molded, by training, into almost any pattern, and if the homely virtues of self-control, self-denial, cheerfulness under adverse conditions, and proper regard for the rights and feelings of others, are not early implanted and ingrained into his character, the child will never be prepared to adapt himself without friction to the complex conditions of the business and social world.

Too much can not be said of the value of proper training of such children in habits of right thinking. They should be instructed in what subjects in broad terms are profitable or wholesome thoughts and to discard from consciousness subjects which are morbid or futile, to limit brooding over misfortunes, and to concentrate the thoughts upon more wholesome subjects. Brooding over what is past and irrevocable or fearful anticipation of future events, which may never transpire, are the usual causes of melancholia that are given by relatives of patients. Though, as physicians, we look for another cause, and usually find some physical disorder with impaired nutrition, the influence of emotional causes can not for that reason be lightly regarded.

As illustrating what is meant by harmful and morbid subjects of thought, I wish to refer to a case, now under treatment, of an intelligent woman—a school teacher—predisposed by heredity to mental trouble, yet who had lived a normal life up to middle age. At that time she became interested in spiritualism and occultism, attended seances, and by reading and thoughts attempted to understand and master these subjects. The result was most disastrous. She had several prolonged periods of unconsciousness, which she called trances, during which she imagined she had communication with the spirit world. She developed hallucinations of hearing, which she ascribed to spirits, and soon lost ability to discriminate between the real and the unreal, and when admitted to the hospital was in a condition closely resembling catatonia, although her age (53 years) was considerably beyond that at which catatonia occurs. No improvement has occurred in her case; on the contrary some deterioration is apparent.

DEATHS

The total number of deaths was 15 less than last year, with the average daily population practically unchanged. It is customary to estimate the deaths upon the average daily population, and, stated in this form, the percentage of deaths was 6.9 per cent, as compared with 7.8 per cent last year. The disease responsible for

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

the greatest mortality is tuberculosis, from which there were 27 deaths last year. The deaths from this cause have increased year by year, and are now more than twice that of any other single disease. It will be noticed that the number of deaths from this cause among the women was nearly three times as great as among the men. This variation has not been constant; last year the majority of deaths was among the men, and since the opening of the hospital the total number of deaths of each sex was—of men, 85; of women, 110. many of these patients were found, at the time of admission, to be in an advanced stage of the disease, some surviving only a few weeks. The deaths from general paralysis of the insane fluctuate considerably. Last year there were 20, this year 13. I have to report one case of suicide during the year of a vigorous young man, 20 years of age, who leaped from the steamer Dorothy while a party was out for a pleasure trip on the river. This man had never shown suicidal tendencies, and was a case of dementia præcox, and the act was committed, doubtless, in obedience to an impulse.

CONTINUOUS BATHS

The continuous or prolonged bath has been employed this year with satisfactory results in a number of cases. This form of bath is a modification of a warm bath at bedtime, which has been for a long time one of our standard remedies for insomnia. Though the method of administering it is new in this country, it has long been in use abroad, particularly in the clinics of Innsbruck, Heidelberg, Halle, Zurich and elsewhere, and it is regarded wherever used as a valuable method of producing quiet and promoting recovery. In this country its value is just beginning to be appreciated. In a paper read before a conference of medical superintendents with the State Commission in Albany last September, Dr. E. C. Dent, superintendent of Manhattan State Hospital, who has had an extended experience with the continuous bath, said of it, "The ease and comfort afforded the patient, the satisfactory way in which disturbed and exhausted patients are cared for, the discontinuance of the use of sedatives and restraint, the freedom from risks of injury to a weak heart or to the brain in arterio-sclerosis, establish this form of treatment as a most humane and effective way of caring for the insane." We have had, in this hospital, no special apparatus for administering this form of bath, but used a stationary or portable tub, provided with a stout cloth hammock to support the patient in a comfortable position and prevent undue pressure against the bottom

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

of the tub. In order to keep the temperature at 100 degrees, which is highly desirable, the bath has required constant attention on the part of the nurse, as some of the water must frequently be changed and warmer water added, and at best some fluctuation in temperature is unavoidable. Notwithstanding that we have not been able to keep our temperature as well regulated as would be desirable, we have had some very good results from it, and are encouraged to continue and improve our facilities for providing it.

One particular case is deserving of notice. A man, 50 years of age, suffering from melancholia of the involutinal type, was constantly agitated and restless, standing about the floor of his room, and all efforts to keep him in bed were futile, unless the attendant stayed by him continually. Even then he would keep the covers disarranged and was constantly in motion. He had delusions of impending danger, from which he was constantly seeking to escape. On account of his agitation he had no desire for food, took it sparingly, and only when urged, and he had become much exhausted. After various measures had been tried unsuccessfully, he was placed in a continuous bath at a temperature of 100 degrees from 7.30 in the morning until 7.30 in the evening, at which time he was removed and placed in bed. During the first day or two he made some attempts to leave the tub, but was easily restrained by the nurse, and from the first day slept much better. Treatment was continued for three months, during which time he gained in strength and weight, his subjective feelings of disquiet passed off, and he took food regularly. At the end of that time he was so much improved that the treatment was discontinued.

TRAINING SCHOOL FOR NURSES

I am glad to be able to report that the training school for nurses has been found to meet the requirements of the Regents, and has been accepted for registration by that body, which confers upon our graduates the degree of registered nurse. The following nurses received diplomas at the graduating exercises held in September: Elizabeth Barry, Theresa Batterley, Jessie E. Chamberlain, Arthur Cline, Luella Finn, Daniel Leyhan, Ella M. Lynch, Atlanta N. Melhinch, Frank E. Morgan, Katherine A. McGinnis, Winnifred E. Mullen, Alice G. Ryan, Margaret B. Scott, Theresa Shannon, Jessie A. Wereley, Anna Beaman, and Edward M. Overtón. In the entrance examination this year there were 53 candidates, of whom 29 were successful.

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PROBATIONER'S CLASS

We instituted during the year a systematic course of instruction for new employees. This is under the direction of the matron, who meets new employees in a weekly class as long as they are on probation which is usually one month, and instructs them in regard to the rules and regulations of the hospital and their duties toward the patients and upon such other subjects calculated to increase their familiarity with the work of the hospital and to render them more efficient. In addition to this class instruction probationers are instructed in the duties pertaining to their several positions by the charge nurse under whose direction they are employed. A record is kept of the efficiency and general intelligence displayed, and at the end of the month a report is made to the superintendent, and the probationer accepted or rejected as the best interest of the hospital requires. The number of new employees who began service during the past fiscal year was 183. Of these, there were 21 who left the service at the end of probation, either because they were dissatisfied with the character of the work, or were not acceptable to the authorities.

CHANGES IN THE MEDICAL STAFF

Dr. Daniel P. Card resigned on December 31st last to accept an appointment as interne in Bellevue Hospital. Dr. Mary Clayton, junior physician, resigned October 17th, and was appointed woman physician at Craig Colony. The vacancy so created was filled by the promotion of Dr. James O'Neill. Dr. Nicholas J. Dynan was appointed medical interne on July 3, 1905.

BOARD OF MANAGERS

A notable change in the management of State hospitals was again made by the Legislature last winter reinstating the boards of managers for State hospitals and conferring upon them practically the same duties and responsibilities that were possessed by the managers under the former law. This change was a source of gratification to the friends of the insane, and the slight modifications, which were made in the law, have tended to increase the efficiency of the board. It was a source of satisfaction to the superintendent that in selecting a board of managers the Governor reappointed members of the board of visitation, who have shown so much zeal and interest in the working of the hospital and in the interest of the patients. The sixth and seventh managers selected were Mrs. Annie E. Daniels, whose interest in charitable institutions and philanthropic work generally is well known, and Frederick Hazard of Syracuse, N. Y., who was a prominent member of the former board of managers.

SEVENTEENTH ANNUAL REPORT OF THE
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PATHOLOGICAL INSTITUTE

We have continued to enjoy the greatest harmony in our relations with the Pathological Institute, which has become an indispensable part of the State hospital system. Dr. E. M. Somers, first assistant physician, attended a course of instruction for three months last fall in clinical work, and Dr. E. A. Nevin is at present attending a three months course of instruction bearing particularly upon pathology. Our staff has been continually strengthened by instruction of this character, which redounds to the benefit, not only of the individual, but of the staff as a whole. Dr. Adolph Meyer, the director of the Pathological Institute, spent two weeks at the hospital during the month of August, during which time he reviewed the work of the staff and gave interesting demonstrations upon clinical subjects.

INWOOD

Inwood, our pavilion for tuberculosis, the contract for which had been let at the time of the last annual report, has been constructed and is now practically completed, and will be occupied in a short time. It is situated in the southern edge of a large grove, and has a full southern exposure with protection on the north and west in such a manner as to render it sheltered but sunny. Some difficulty was found in securing a proper foundation, as the site chosen proved to be underlaid with quicksand, but with an increased appropriation for foundation walls granted by the Commission this difficulty was overcome and walls constructed in a very substantial manner. The building consists of a central portion, containing a dining room and kitchen with rooms upstairs for 10 employees. Extending from this in an easterly and westerly direction are wings two stories in height, consisting on each floor of an open ward to contain 19 beds. Contiguous to these are 12 single rooms on each side of the house, making in all accommodations for 100 patients. The building is constructed with a view of supplying a maximum of fresh air and sunshine, and for this purpose there are broad verandas and numerous large windows and doors so arranged that no matter what the state of the weather or the direction of the wind some of the doors and windows may be open at all times. The dining room is intended to be used by both sexes and is conveniently located in the center of the building, with the kitchen in the rear. On account of the distance of this pavilion from the central heating plant, it will be heated by a separate furnace.

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ADDITION TO LAUNDRY

The recommendation made in the last annual report for an appropriation to increase the capacity and make some interior changes in the laundry was favorably considered by the Legislature and an appropriation of \$10,000 for that purpose was made. The work under this appropriation has been in progress during the summer, and is now at an advanced stage. An addition was built to the southwest corner to enclose a plot 35 by 55 feet similar to the addition built some years ago at the northwest portion, and we have extended a wing in the rear of the building 35 by 45 feet, in which the metallic dry room will be installed. In the original plan of the laundry the dry room was in such an extension to remove as much as possible the heat from the ironing and assorting rooms, but with the changes that have been made from time to time this portion of the laundry has been brought into the center of the building.

TIBBET'S CREEK BRIDGE

The Commission last year authorized the construction of a bridge over the road at Tibbet's creek on the easterly boundary of the hospital grounds and appropriated \$5,000 for that purpose. The point selected for the erection of the bridge is where Proctor avenue would cross the ravine if extended in a direct line as was originally intended when this avenue was laid out. The material selected for the construction of the bridge was cement and an arch was constructed 18 feet high, 20 feet in width and 58 feet long. The severe cold to which it would be subjected as well as the pressure from high water and ice in the spring made it imperative to construct this culvert in a most substantial manner. The walls at the foundation are eight feet in thickness, seven feet at the spring of the arch and gradually decrease to two and one half feet at the crown of the arch. Eleven hundred barrels of cement were required, and the arch is further strengthened by iron braces. It was considered desirable to have no grade at this bridge and to build the road across it on the level. This required a large amount of filling, which was accomplished during the summer by a grade party of patients and attendants, who worked there daily from May until November, at which time the filling was completed and a temporary cinder road laid across it for the winter. Next spring it is intended to macadamize this part of the road, which will complete Proctor avenue from the eastern end of Ford street to the easterly edge of the hospital property. The town of Lisbon, which adjoins our

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property on the east has undertaken to macadamize the road on the farther side of the bridge, which connects the River road and the Lisbon road, two important thoroughfares.

The second story of the cold storage building was not piped until the past year, when it was fitted up for service for storing of supplies. At the same time a new engine was provided of 12 horse power capacity, which is sufficient to operate the entire building, and the old engine in use for about eight years is held in reserve. This improvement cost about \$2,500.

The large attic over the dispensary was fitted up, at a small cost, for the use of the photographer. Here he has room to store his supplies and negatives, and has a dark room provided with running water, and ample space for all of his operations.

New floors were laid in the pantries of convalescent east and west. These floors were formerly of wood and have been replaced by Crown sanitary flooring, which has given very satisfactory service.

Extensive repairs became necessary at the cow barns, the flooring having become rotten and many of the stalls broken and injured. Fourteen doors have been replaced with new ones, and the wooden floor with one of cement.

During the summer the verandas of the different buildings were thoroughly examined and many repairs made. In some instances new timbers and flooring throughout being found necessary.

Two water closets were provided at the waiting room, known as the trolley station, for the use of the public. Also new closets were built at the store to replace old ones, which were inconveniently situated.

The floor of the wooden veranda on the north side of the trolley station was replaced with one of cement and a drinking fountain was provided at the station.

The last Legislature appropriated \$1,350 for rewiring the northern portion of group three. This work has been under way during the summer and is now practically completed. It was done under the direction of our electrical engineer. The electric wiring in the superintendent's cottage was also renewed, as it was deemed unsafe, having been put in some 15 years ago.

Repairs in the painter's department, in addition to keeping up the ordinary repairs, included repainting of exteriors, including verandas, doors and window frames of central kitchen, group three, storage sheds, cow barns, farm cottage, infirmary, superintendent's cottage, head farmer's cottage, the carriage barn and milk house.

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The hot water and steam lines from the milk house to farm cottage were renewed during the summer and the pipes placed in a conduit. A new water heater was installed in the milk station to replace one worn out. One No. 3 Tobey heater was placed in the basement of the executive building to replace an old one that had been condemned. In addition to the above repairs the plumber and his assistants have been replacing the old hot water lines under the central group with new and heavier pipe.

The following repairs and improvements were made in the powerhouse during the year: Engine No. 1 was provided with a new shaft and wheel at a cost of \$780. The shaft in this wheel was sprung and the rim in the wheel out of line. This condition has existed for a number of years, but we were able to operate the engine, but as the trouble was gradually getting worse, it was deemed inadvisable to attempt to use it longer. The settings of boilers Nos. 1, 2 and 3, which have been in service for 16 years were found to be worn out and they were replaced with fire brick and fire clay in a substantial manner at an expense of \$450. Boilers 7, 8, 9 and 10 have been provided with new fire brick linings at a cost of \$587. Boiler No. 7 was repaired by having a new sheet inserted at a cost of \$275. The 8-inch line of pipe between the boiler-house and convalescent east, known as the condensed water return, was replaced at a cost of \$840.

REQUIREMENTS FOR THE COMING YEAR.

Addition to the farm, \$18,000.

Mention was made in the last annual report of the fact that we could profitably use a larger acreage of land than we now possess. We purchase annually upward of 65,000 pounds of butter, which is made in this vicinity, and with the abundance of labor at our command this butter could be manufactured by us more profitably than it could be purchased, and at the same time afford to many of the patients pleasant and beneficial employment. Very good land can be purchased near enough for our purpose at from \$50 to \$65 per acre, depending upon its location and fertility, and I recommend that an appropriation of \$18,000 be made to purchase 300 acres of land. Reference to the report of the farm and grounds will show that the land which we now use for farming purposes is cultivated at considerable profit.

Surgery, \$5,000.

When the hospital was constructed no provision was made for a modern operating room. In a large institution of this kind a room

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for that purpose is indispensable and we have used heretofore two rooms, one in reception cottage east, and the other in reception cottage west, for surgical work. They are poorly adapted for that purpose, being rather dark and inconveniently situated for either enlarging or properly lighting. I would recommend that a small building be constructed adjoining one of our corridors in the central group to be used for this purpose, and have it constructed and equipped in accordance with modern ideas. The walls and floors should be tiled, the light should be admitted from the roof and ample provision made for ventilation, and there should be two rooms adjoining, one for anæsthesia, and the other for the use of the surgeon. By building such an addition it could be made to serve both sides of the house and so do away with maintaining double equipment, which now we are obliged to do. The cost of such a building should not prevent it being built and equipped in accordance with the principles of aseptic surgery, and in such a manner that will serve for all time. \$5,000 will be sufficient to do this.

The enlargement of reception cottage dining-rooms, \$4,000.

The overcrowded condition of dining-rooms in reception cottages east and west has long given us concern and it is highly desirable that improved conditions should be provided. We also need a small kitchen conveniently situated to the reception wards, where food can be prepared by the nurses during the day or night as the needs of the sick require. These two objects could be attained at one time by building an addition to the dining-room wing on each side of the house, to provide the space required in the dining-room, also the room to be used as a kitchen. The sum of \$8,000 will be required to make this improvement.

An appropriation of \$1,800 is required for making alterations in the repair shop to afford increased space for the many new industries which have been instituted in recent years, and it is also my wish to provide a commodious room where women can be employed at the industries, which are now only open to men. I refer to chair caning, brush and mat making, carpet weaving, mattress making and upholstering. We have planned to build an addition to the double shop now used by the painter and tailor, and move the industries referred to in this building, and with some alterations the present repair shop can be used for the tailor and painter. \$1,800 will be sufficient to make these changes.

Cottage for the chief engineer, \$2,200.

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We have no accommodations on the ground for the residence of the chief engineer, who lives with his family in Ogdensburg, more than three miles away. It is obvious that a man occupying this important position should be instantly available should an accident occur, yet there are times in the winter, on account of the heavy snow, all traffic is suspended, and it is impossible to get from the city to the hospital for days at a time. For the sum mentioned above the cottage could be constructed on the grounds, which would afford suitable accommodations for the engineer and his family.

Trees and shrubs, \$300.

Although considerable work has been done in planting trees and shrubs about the grounds, there remains much to be done, and an appropriation of \$300 will be required annually for several years to carry on this work as it should be done.

AMUSEMENTS

There is no form of entertainment which pleases so many of our patients and is so popular as our weekly dances, which are usually held on Friday evening during the cooler months of the year. The attendance taxes the capacity of the hall and the benefit derived by the patients can not be easily calculated. The steamboat Dorothy was in commission during the summer and a large number of patients enjoyed trips up and down the river. Our annual field day sports were held on September 6th, and as usual were well attended, and the occasion was free from accidents. A number of entertainments were held during the year in amusement hall, among them moving pictures by J. P. Dibble and monologue by Mr. McCollum. One of the pleasantest entertainments of the year was an amateur performance of "Uncle Si, or Paradise Regained," which was presented by Mr. Buck and Mr. Houlihan, assisted by other employees of the hospital.

The music for chapel service was conducted as usual by Mrs. Waterman and Professor Dumouchel, and I regret that Mrs. Waterman will find it impossible to continue her Sunday afternoon visits to the hospital for this purpose, and much to her own regret has resigned. For the coming year I have been able to secure the services of J. N. Brown, which is an assurance that the music will be rendered in the same acceptable manner as heretofore. We are under obligations to Rev. Father Conroy and his assistants at the cathedral and to the Protestant ministers of the city who have conducted services in the chapel on Sunday afternoon and have attended

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on the sick whenever their services were required. Father Conroy's special services at Christmas and Easter were held this year as usual.

Two hundred and fifty-four patients attended the afternoon performance of John Robinson's circus in Ogdensburg on June 29th. This is the largest number of patients that ever left the hospital at one time for such a purpose, but the trip was made to and from the grounds without an accident of any kind, and every one was fully pleased with the entertainment. Our winter evening entertainments, held upon the different wards of the hospital, to which all convalescent patients in any part of the institution are invited, have continued to afford many pleasant evenings to those who take part in them.

A very pleasant entertainment was given one evening by Mrs. Legare Phenix and friends of Ogdensburg, who presented the drama "A Noble Outcast" in a very pleasing manner.

The usual visits were made by the members of the State Commission in Lunacy, who carefully inspected the institution and conferred with the superintendent and managers in regard to the plans for the coming year. The president of the Commission interviewed a number of patients, who desired to see him, and advised with the superintendent and staff in regard to the care and treatment of cases. Dr. William L. Russell visited the hospital on several occasions and examined all the new cases, who had been admitted since previous visits of the inspector and the Commission, and afforded interviews to all who desired to talk with him.

The hospital was visited on February 8th by Governor Bell of Vermont, who spent an afternoon inspecting various departments. Dr. Robert M. Elliot, superintendent of Willard State Hospital, and Hon. A. S. Stothoff of Watkins, N. Y., one of the managers of Willard State Hospital, were here on September 13th. Dr. J. M. Mosher, formerly first assistant physician of this hospital, now editor of the Albany Medical Annals, visited the hospital on September 6th. Mr. Caird, the well-known surgeon of Edinburg, was here in September for a short visit. A pleasant and profitable visit was that of Professor Stone of Cornell University School of Agriculture, who spent several days at the hospital inspecting our farm. He made many useful suggestions looking to increasing the productivity of the farm. On June 26th a large delegation of Knights of Pythias visited the hospital.

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ACKNOWLEDGMENTS

We are under obligations to the publishers for the following newspapers, which have been furnished gratuitously for the use of our patients, and we wish to assure the publishers that their papers are distributed with care, so that they will reach the hands of those who are interested in them: Adirondack News, Antwerp Gazette, Canton Commercial Advertiser, Baldwinsville Gazette, Carthage Republican, Chateaugay Record, Essex County Republican, Fayetteville Weekly Recorder, Franklin Gazette, Glens Falls Morning Star, Gouverneur Free Press, Jefferson County Journal, Lakeside Press, Lowville Journal and Republican, Malone Palladium, Mexico Independent, Watertown Advocate, Ogdensburg Advance, Potsdam Courier and Freeman, Potsdam Recorder, Elizabethtown Post, Fort Covington Sun, Theresa Weekly Gleaner, Malone Farmer, Manlius Eagle, Northern Tribune, St. Lawrence Republican, Plattsburg Republican, Sandy Creek News, Tully Times, Watertown Post, St. Lawrence Herald, St. Lawrence Plaindealer, Ticonderoga Sentinel, Watertown Herald, Northern Christian Advocate, Watertown Re-Union, Richville Recorder, Phoenix Register.

We are under renewed obligations to Miss Wilhelmina Caldwell, who has visited the hospital and contributed to the entertainment of the patients by interesting them in fancy work, and in providing Christmas tree decoration and many other favors during the year. Miss Sherman of Ogdensburg has visited the hospital and has added materially to the entertainment and enjoyment of a class of convalescent patients, whom she has interested in a course of reading.

Saunders & Company of Philadelphia donated seven volumes to the nurses' library. Dr. and Mrs. E. M. Somers and Frank Buck donated books for the patients' library. Mrs. Lyman Burt and Mrs. Shepard of Ogdensburg and George Dustin of Malone made acceptable donations of magazines. Dr. Robinson donated six barrels of fine apples for the patients at Thanksgiving. Miss Margaret Westerdick of Ogdensburg made a donation of fruit for the sick. We are under obligations to Thomas Spratt of Ogdensburg for an acceptable contribution at Christmas. We are indebted to C. McFadden, G. LeRoi, H. L. McCarter, H. Flora, C. Ives, Miss Helmer of Ogdensburg and Misses M. and R. Keeler of Prescott for excellent music furnished at our Sunday evening entertainments.

I am under obligations to the steward, William C. Hall, who conducts his departments with exceptional merit and has

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relieved me to a large extent of the details of administration. I wish to record my appreciation of the excellent work and of the scientific spirit manifested by the medical staff. The increased work required of the staff in our improved clinical records has been cheerfully undertaken and successfully accomplished. The heads of departments, the nurses and employees generally, have merited commendation for faithful and efficient work.

Respectfully submitted.

R. H. HUTCHINGS

Superintendent

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STEWARD'S REPORT

To the Medical Superintendent:

The report of the farm and garden products, live stock on hand, the classification for maintenance, steward's sales and articles manufactured and repaired for the year ending September 30, 1905, is herewith respectfully submitted.

W. C. HALL

Steward

FARM REPORT

Apples, 202 bushels.....	\$101 00
Apples, crab, 35 bushels.....	26 25
Beef, 5,962 pounds.....	387 53
Butter, 8,262 pounds.....	1,849 15
Calves, sold, 7.....	19 50
Chicken, 2,488 pounds.....	373 20
Corn, ear, 423 bushels.....	211 50
Eggs, 1,951 dozens.....	390 20
Ensilage, 1,000 tons	3,500 00
Hay, 419 tons.....	5,028 00
Hides, cow, sold, 624 pounds.....	45 27
Hides, calf, sold, 7.....	10 00
Hides, deacon, sold, 3.....	2 25
Milk, 298,196 quarts.....	9,691 37
Milk, skim, 34,900 pounds.....	87 25
Mutton, 80 pounds.....	5 60
Oats, 3,937 bushels.....	1,417 33
Pigs, sold, 86.....	188 50
Pork, 42,192 pounds.....	3,164 40
Potatoes, 5,102 bushels.....	2,551 00
Shoats, sold, 4.....	16 00
Stags, 2.....	28 00
Straw, 126 tons.....	756 00
Tallow, sold, 152 pounds.....	3 80
Veal, 790 pounds.....	63 20
Wool, 120 pounds.....	30 00
	<hr/>
	\$29,946 29

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GARDEN

Asparagus, 797 bunches.....	\$55 79
Beans, string, 287 bushels.....	143 50
Beans, lima, 5 bushels.....	3 75
Beets, 875 bushels.....	262 50
Beets, 300 bunches.....	15 00
Blackberries, 37 quarts.....	2 59
Cabbage, 242,754 pounds.....	1,213 77
Carrots, 905 bushels.....	271 50
Cauliflower, 352 heads.....	21 12
Celery, 10,797 heads.....	323 91
Corn, sweet, 29,477 ears.....	221 08
Corn, pop, 19 bushels.....	19 00
Cucumbers, 211 bushels.....	105 50
Currants, 1,032 quarts.....	61 92
Egg plant, 10 pounds.....	30
Grapes, 250 pounds.....	6 25
Horse radish, 28 bushels.....	14 00
Kolrabi, 17 bushels.....	5 95
Lettuce, 381 bushels.....	152 40
Mint, 91 bunches.....	2 73
Onions, 617 bushels.....	370 20
Onions, 7,882 bunches.....	157 64
Parsnips, 505 bushels.....	202 00
Parsley, 710 bunches.....	21 30
Peas, green, 214 bushels.....	160 50
Peppers, red, 34 dozens.....	1 02
Peppers, green, 13 bushels.....	9 75
Pickles, 20,000.....	150 00
Pumpkins, 25,580 pounds.....	63 95
Radish, winter, 39 bushels.....	29 25
Radish, 4,717 bunches.....	188 68
Rhubarb, 2,995 bunches.....	149 75
Sage, 535 bunches.....	53 50
Salsify, 66 bushels.....	33 00
Savory, 10 bunches.....	50
Squash, 17,620 pounds.....	176 20
Strawberries, 2,599 quarts.....	207 92
Tomatoes, 218 bushels.....	87 20
Tomatoes, green, 13 bushels.....	3 25
Turnips, 884 bushels.....	221 00

\$5,189 17

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LIVE STOCK AND POULTRY ON HAND

Bulls.....	2
Calves.....	24
Colts, 3-year.....	2
Colts, 2-year.....	2
Colts, 1-year.....	3
Cows.....	160
Heifers, 1-year.....	28
Hens and chickens.....	600
Hogs.....	160
Horses.....	23
Mules.....	2
Pigs.....	100
Sheep.....	40
Shoats.....	42
Sows, brood.....	40

ARTICLES MANUFACTURED IN WORK SHOP

Brooms.....	1,553
Brooms, barn.....	36
Brooms, brush.....	246
Blankets, strong.....	32
Brushes, scrub.....	507
Brushes, scrub, handles.....	79
Brushes, cow.....	52
Brushes, polisher.....	175
Brushes, dust.....	1
Brushes, bath.....	51
Brushes, vegetable.....	54
Brushes, hand.....	44
Brushes, hair.....	18
Brushes, stove.....	12
Brushes, mat.....	29
Mats, braided.....	47
Screen, canvas.....	1
Canvas cover hair picker.....	1
Cushions.....	24
Harness pole straps.....	15 pairs
Harness neck yoke strap.....	1
Harness spread straps.....	8
Harness martingales.....	6

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Harness hames straps.....	31
Harness thill straps.....	6
Harness bellybands	6
Harness felt back pads.....	11
Harness leather halter stole.....	2
Harness hames tug.....	1
Harness belt for horse clipper.....	1
Harness lazy straps.....	4
Harness saddle pads.....	1
Harness breast blankets.....	8 pairs
Harness neck straps for calves.....	12
Harness pump valves.....	2
Harness horse boot.....	1
Harness single lines.....	2 pairs
Harness double lines.....	4 pairs
Harness cross lines.....	7
Harness hand lines.....	1
Harness bridles.....	6
Double harness.....	2 sets
Upholstered cutter.....	1
Handles for floor polishers.....	39
Life buoys.....	2
Laundry bags.....	10
Mattresses, single, Empire cotton	35
Mattresses, single, general use.....	655
Mattresses, double, Empire cotton.....	55
Mattresses, double, general use.....	9
Mattresses, ticks, single.....	734
Mattresses, ticks, double.....	64
Mattresses, strong.....	42
Mattress tufts.....	34,000
Pillows, feather.....	196
Pillows, ticks.....	176
Rag carpet.....	812 yards
Rag carpet, rugs.....	277
Rubber curtains.....	1
Recaned stand.....	1
Recaned lounge chair.....	2
Recaned foot stools.....	9
Recaned office stool.....	1
Recaned settees.....	2
Recaned chairs.....	238

STATE COMMISSION IN LUNACY

741

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Shoes, men's, pairs.....	583
Shoes, women's, pairs.....	316
Slippers, men's, pairs.....	553
Slippers, women's, pairs.....	23
Waste baskets.....	12

ARTICLES MADE IN SEWING-ROOM

Aprons.....	997
Bags, tea and coffee.....	22
Baker's pads, pairs.....	30
Bathing suits.....	8
Bath robes.....	16
Bread covers.....	1
Bibs.....	37
Camisoles.....	12
Camisoles, remade.....	15
Caps, cook's.....	46
Caps, nurses'.....	275
Carpet rags, pounds.....	930
Chemises.....	195
Couch covers.....	5
Corset covers.....	7
Combination suits.....	105
Cushion covers.....	6
Curtains, ruffled, pairs.....	16
Curtains, sash, pairs.....	30
Draw sheets, old material.....	160
Drawers, cotton, pairs.....	235
Dresses, all kinds.....	1,170
Dress skirts.....	12
Dress waists.....	8
Dress sleeves, pairs.....	12
Golf capes.....	51
Handkerchiefs.....	597
Handkerchiefs, old material.....	270
Holders, kitchen.....	160
Laundry bags.....	25
Mattress protectors.....	565
Napkins, table.....	245
Napkins, sanitary, old material.....	220
Night caps.....	3

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Night gowns.....	1,104
Nightgowns, strong.....	98
Nightshirts.....	1,586
Nightshirts, strong.....	32
Neckties.....	403
Old garments made over.....	808
Pillow cases.....	2,687
Rugs, bound.....	20
Sausage bags.....	204
Sheets.....	3,610
Screen covers.....	14
Sheets, protection.....	16
Shirts, all kinds.....	1,119
Skirts, all kinds.....	810
Shirtwaists.....	19
Shrouds.....	50
Stand spreads.....	34
Stocking bags.....	2
Tablecloths.....	299
Towels, hand.....	412
Towels, bath.....	3,019
Rollers.....	660
Towels, dish.....	593
Towels, old material.....	64
Window shades.....	527
Wrappers.....	6

ARTICLES MADE IN TAILOR SHOP

Coats.....	373
Vests.....	370
Pants.....	500
Strong suits.....	57
Overcoats.....	45
Caps.....	105
White pants.....	17
White coats.....	90
Blouses.....	16
Overalls.....	115
Suspenders.....	215
Mittens.....	511

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ARTICLES MENDED

Articles repaired in sewing-room.....	73,166
Hose repaired in sewing-room.....	2,962
Garments repaired in tailor shop.....	19,307
Articles repaired in work shop.....	2,714

STEWARD'S SALES

October.....	\$90 01
November.....	49 53
December.....	48 90
January.....	32 65
February.....	43 15
March.....	90 73
April.....	15 20
May.....	154 25
June.....	53 97
July.....	.....
August.....	.....
September.....	48 80
	<hr/>
	\$627 19

Estimated value of farm and garden products.....	\$35,135 46
Estimated value of articles manufactured in work shop, including cost of material.....	7,482 69
Estimated value of articles manufactured in tailor shop, including cost of material.....	2,890 28
Estimated value of articles manufactured in sewing- room, including cost of material.....	8,695 42

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1905.....	881	825	1,706
Admitted during the year ending September 30, 1905.....	161	129	290
On original commitments:			
From residences.....	154	123	277
By transfers from county houses.. .	4	6	10
By transfers from other institutions for insane.....	3	.....	3
Total number under treatment during year.....	1,042	954	1,996
Daily average population.....	891.569	825.871	1.717 44
Capacity of institution.....	907	786	1,693
Discharged during the year:			
As recovered.....	50	35	85
As improved.....	21	22	43
As unimproved.....	15	8	23
As not insane.....	1	2	3
Died.....	55	65	120
Whole number discharged during the year.....	142	132	274
Remaining October 1, 1905.....	900	822	1,722

NOTE—Include elopements in number recovered or not recovered. Make explanatory note in cases discharged "not insane," whether inebriates, opium habitués, etc.

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TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	1890
Total acreage of grounds and buildings.....	990
Value of real estate, including buildings.....	\$2,512,255 72
Value of personal property.....	143,000 00
Acreage under cultivation.....	484

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$919 63
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	315,120 00
From private patients.....	4,116 01
From reimbursing patients.....	12,468 96
From all other sources.....	633 19

Total receipts for maintenance (including balance \$919.63).....

\$333,257 79

Total receipts from State Commission in Lunacy for extraordinary improvements.....

\$37,541 03

Total receipts from manufacturing fund (including balance 1904 of \$1,264.43).....

\$13,195 80

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$16,863 05
Estimate No. 2. For wages.....	116,917 22
Estimate No. 3. For provisions and stores.....	87,032 04
Estimate No. 4. For ordinary repairs.....	11,770 69
Estimate No. 5. For farm and grounds.....	8,622 12
Estimate No. 6. For clothing of patients.....	9,375 44
Estimate No. 7. For furniture and bedding.....	8,384 72
Estimate No. 8. For books and stationery.....	2 060 30
Estimate No. 9. For fuel and light.....	42,990 40
Estimate No. 10. For medical supplies.....	1,354 06
Estimate No. 11. For miscellaneous expenses.....	7.602 28
Estimate No. 12. For transportation.....	3,585 23

Total disbursements, estimates 1 to 12 inclusive.

\$316,557 55

Paid State treasurer cash received from miscellaneous sources October 1, 1904, to October 1, 1905...

\$16,584 97

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TABLE No. 2—(Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$37,541 03
Total disbursements during year, manufacturing fund	\$13,090 52
Balances October 1, 1905:	
General maintenance fund.....	\$115 27
Manufacturing fund.....	105 28
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	\$3 534
Maximum rate of wages paid attendants:	
Men.....	\$39 00
Women.....	34 00
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
Proportion of day attendants to average daily population.....	1 to 10.667
Proportion of night attendants to average daily population.....	1 to 48.21
Percentage of daily patient population engaged in some kind of useful occupation.....	.651
Estimated value of farm and garden products during year.....	\$34,386 02
Estimated value of articles made or manufactured by patients during year.....	19,068 39

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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	10	17	27	3	3	6	3
Mental strain, worry and overwork (not included in above).....	7	12	19	7	7	14	2
Religious excitement.....	1	2	3	.....	.....	.....	.....
Love affairs (including seduction).....	2	.....	2	.....	.....	.....	.....
Fright and nervous shock.....	.....	2	2	.....	.....	.....	.....
Physical:							
Intemperance.....	34	6	40	5	1	6	9
Venereal diseases.....	10	.....	10	9	.....	9	.....
Masturbation.....	3	.....	3	.....	.....	.....	2
Sunstroke.....	1	.....	1	.....	.....	.....	.....
Accident or injury.....	9	.....	9	2	.....	2	1
Pregnancy.....	.....	4	4	.....	4	4	.....
Parturition and puerperium.....	.....	8	8	.....	7	7	.....
Change of life.....	.....	15	15	.....	5	5	.....
Epilepsy.....	10	5	15	4	2	6	4
Diseases of skull and brain.....	3	3	6	1	2	3	.....
Old age.....	21	12	33	7	5	12	9
Exophthalmic goitre.....	.....	1	1	.....	.....	.....	.....
Abuse of drugs.....	3	2	5	2	.....	2	1
All other bodily disorders and ill health.....	8	3	11	5	1	6	1
Hereditary.....	6	15	21	6	15	21	.....
Congenital defect.....	6	7	13	2	4	6	1
Unascertained.....	24	14	38	.....	3	3	10
Not insane.....	3	1	4	.....	.....	.....	.....
Total.....	161	129	290	53	59	112	43

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1905, and since October 1, 1905

FORM	YEAR ENDING SEPTEMBER 30 1905			SINCE OCTOBER 1, 1905		
	Admitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	36	18	1	36	18	1
General paralysis.....	21	.....	13	21	.....	13
Senile insanity.....	32	.....	22	32	.....	22
Epilepsy with insanity..	15	.....	9	15	.....	9
Imbecility, idiocy with insanity.....	10	1	2	10	1	2
Other psychoses.....	172	66	73	172	66	73
*Not insane.....	4	.....	.....	4	.....	.....

* Includes cases of alcoholism, drug habit, etc.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6
Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since December 9, 1890

	YEAR ENDING SEPTEMBER 30, 1905				SINCE DECEMBER 9, 1890							
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT				
	Men	Women	Total		Men	Women	Total					
Under one month.....	10	10	20	.....	.....	.....	269	160	429	10	1	11
One to three months.....	19	13	32	9	2	11	201	146	347	121	85	206
Three to six months.....	6	5	11	15	17	32	91	89	180	248	202	450
Six to nine months.....	4	2	6	10	11	21	50	38	88	151	104	255
Nine months to one year.....	4	2	6	5	3	8	21	14	35	62	48	110
One year to eighteen months.....	.....	1	1	8	1	9	24	28	52	72	38	110
Eighteen months to two years.....	5	1	6	.....	.....	.....	15	7	22	12	16	28
Two to three years.....	1	.....	1	2	1	3	8	21	29	26	18	44
Three to four years.....	.....	.....	.....	1	.....	1	3	1	4	7	5	12
Four to five years.....	.....	.....	.....	.....	.....	.....	5	3	8	4	3	7
Five to ten years.....	.....	.....	.....	.....	.....	.....	3	4	7	1	2	3
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	4	6	2	.....	2
Unascertained.....	1	1	2	.....	.....	.....	24	7	31	.....	.....	.....
Total.....	50	35	85	50	35	85	716	522	1,238	716	522	1,238

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since December 9, 1890

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				20	10	30
Mumps.....				1	3	1
Influenza.....		1	1	4	15	19
Erysipelas.....				16	15	31
Septicemia and pyemia.....				6		6
Dysentery.....	2	4	6	21	25	46
Syphilis.....				6	5	11
Tuberculosis.....	8	20	28	86	110	196
Constitutional diseases:						
Rheumatism (or rheumatic affections).....				1	1	2
Arthritis deformans.....					1	1
Diabetes mellitus and diabetes insipidus.....	2		2	3	2	5
Scurvy, purpura and haemophilia.....				1	3	4
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....				1	7	8
Diseases of the stomach.....				4		4
Diseases of the intestines.....				33	36	69
Diseases of the liver....	1		1	10	3	13
Diseases of the pancreas.....				1		1
Diseases of the peritoneum.....				5	5	10
Diseases of the respiratory system:						
Diseases of the lungs....	8	6	14	118	76	194
Diseases of the circulatory system:						
Diseases of the pericardium.....				2		2
Diseases of the heart....	7	11	18	88	51	139
Arterio-sclerosis.....				8		8

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Aneurism.....				2		2
Diseases of the blood and duct- less glands:						
Anemia, pernicious ane- mia and loukemia.....				1	2	3
Hodgkin's disease, Addi- son's disease and myx- œdema.....					1	1
Exophthalmic goitre....					1	1
Diseases of the genito- urinary system.....	6	10	16	92	98	190
Diseases of the ner- vous system:						
Diseases of the spinal cord.....					1	1
Diseases of the meninges	1		1	5	4	9
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	1	2	3	88	60	148
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia).....	1	1	2	1	3	4
Epilepsy.....	3	3	6	30	29	59
Mental diseases:						
Exhaustion of acute mental disease.....	2	1	3	25	35	60
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	10	3	13	163	30	193
The intoxications; heat-stroke; obes- ity:						
Alcoholism.....	1		1	1		1
Debility of old age.....	1	1	2	43	51	94
Accident.....	1		1	2	5	7
Suicide.....				12	2	14

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9 1890		
	Men	Women	Total	Men	Women	Total
Surgical and gynecological diseases and diseases of the skin.....					2	2
Malignant new growths or cancer.....		2	2	11	25	36
Total.....	*55	65	120	911	717	1,628

*Table 1, 55 deaths men; table 7, 53 deaths men.

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	12	12	24	357	265	622
Maternal branch.....	16	21	37	365	356	721
Paternal and maternal branches.....	6	4	10	68	60	128
Collateral branches.....	17	18	35	299	271	570
No hereditary tendency..	82	48	130	1,159	943	2,102
Unascertained.....	28	26	54	928	719	1,647
Total.....	161	129	290	3,176	2,614	5,790

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since December 9, 1890

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Single.....	70	36	106	1,497	943	2,440
Married.....	73	77	150	1,330	1,233	2,563
Widowed.....	12	13	25	267	392	659
Divorced.....	2	1	3	31	25	56
Unascertained.....	4	2	6	51	21	72
Total.....	161	129	290	3,176	2,614	5,790

TABLE No. 10

Showing degree of education of patients admitted during the current year and since December 9, 1890

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Collegiate.....	5	.....	5	74	17	91
Academic.....	13	15	28	171	218	389
Common school.....	110	85	195	1,850	1,540	3,390
Read and write.....	6	7	13	137	101	238
Read only.....	.....	.....	.....	126	122	248
No education.....	20	10	30	255	253	508
Unascertained.....	7	12	19	563	363	926
Total.....	161	129	290	3,176	2,614	5,790

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. VI

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since December 1, 1890

	YEAR ENDING SEPTEMBER 30, 1905					SINCE DECEMBER 1, 1890				
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		Total	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		Total
	Men	Women	Men	Women		Men	Women	Men	Women	
Under one month.....	2	5	6	4	10	82	73	111	58	169
One to three months.....	10	13	8	1	9	100	691	87	60	147
Three to six months	6	2	4	2	6	75	411	110	76	186
Six to nine months.....	2	2	3	5	8	63	32	64	53	117
Nine months to one year.....	6	5	2	2	4	44	37	52	33	85
One year to eighteen months.....	3	1	6	1	7	69	44	101	63	164
Eighteen months to two years.....	2	5	7	.....	.....	41	27	48	34	82
Two to three years.....	5	3	4	7	11	88	42	83	73	156
Three to four years.....	2	3	3	4	7	48	44	61	59	120
Four to six years.....	4	4	6	10	16	56	60	73	73	146
Six to ten years.....	1	8	9	9	18	55	63	93	104	197
Ten to twenty years.....	6	3	4	20	24	71	73	27	31	58
Twenty years and over.....	5	5	.....	.....	.....	48	63	1	.....	1
Not insane*.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Unascertained.....	1	6	7	.....	.....	70	48	.....	.....	.....
Total.....	55	65	55	65	120	911	717	911	717	1,628
Average duration of insane life (give years and tenths)..	9.6				11.8	.....				7.61
										7.04

* Includes cases of alcoholism, drug habit, etc.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....	.....	1	1	14	12	26
From 15 to 20 years.....	9	6	15	112	80	192
From 20 to 25 years.....	8	14	22	263	189	452
From 25 to 30 years.....	14	17	31	306	264	570
From 30 to 35 years.....	27	20	47	218	187	405
From 35 to 40 years.....	16	13	29	566	455	1,021
From 40 to 60 years.....	36	27	63	666	584	1,250
From 50 to 60 years.....	20	18	38	470	409	879
From 60 to 70 years.....	23	9	32	331	271	602
From 70 to 80 years.....	7	3	10	176	115	291
From 80 to 90 years.....	1	1	2	52	27	79
Unascertained.....	.....	.....	.....	2	21	23
Total.....	161	129	290	3,176	2,614	5,790

TABLE No. 13

Showing ages of those discharged recovered during the current year and since December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	.....	2	38	31	69
From 20 to 30 years.....	10	14	24	193	136	329
From 30 to 40 years.....	16	8	24	177	155	332
From 40 to 50 years.....	11	6	17	159	101	260
From 50 to 60 years.....	6	4	10	100	67	167
From 60 to 70 years.....	5	3	8	44	24	44
From 70 to 80 years.....	.....	.....	.....	5	8	13
Total.....	50	35	85	716	522	1,238

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					1	1
From 15 to 20 years.....		1	1	8	4	12
From 20 to 25 years.....				18	15	33
From 25 to 30 years.....	2	2	4	25	36	61
From 30 to 35 years.....	5	5	10	61	45	106
From 35 to 40 years.....	5	6	11	78	59	137
From 40 to 50 years.....	11	14	25	194	150	344
From 50 to 60 years.....	8	7	15	188	142	330
From 60 to 70 years.....	20	18	38	201	158	359
From 70 to 80 years.....	4	8	12	160	102	262
From 80 to 90 years.....		4	4	59	57	116
Ninety and over.....				2		2
Total.....	55	65	120	992	771	1,763

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	19	21	40
One to three months.....	45	33	78
Three to six months.....	13	24	36
Six to nine months.....	7	7	14
Nine months to one year.....	22	11	23
One year to eighteen months.....	4	7	11
Eighteen months to two years.....	15	4	19
Two to three years.....	14	5	19
Three to four years.....	1	2	3
Four to five years.....	1	2	3
Five to 10 years.....	2	4	6
Ten to fifteen years.....		2	2
Fifteen to twenty years.....	2		2
Twenty to thirty years.....	3		3
Thirty years and upwards.....	1		1
Not insane*.....	3	1	4
Unascertained.....	9	6	15
Total.....	161	129	290

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	3	1	4
One to three months.....	4	18	22
Three to six months.....	22	17	39
Six to nine months.....	23	7	30
Nine months to one year.....	32	18	50
One year to eighteen months.....	41	67	118
Eighteen months to two years.....	40	27	67
Two to three years.....	56	48	104
Three to four years.....	43	45	88
Four to five years.....	67	31	98
Five to ten years.....	327	243	570
Ten to fifteen years.....	242	300	542
Total.....	900	822	1,722

* Includes cases of alcoholism, morphia habit, etc.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since
December 9, 1890

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	8	.....	8	92	6	98
Commercial: Bankers, merchants, ac- countants, clerks, salesmen, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	13	.....	13	305	20	325
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc.....	33	.....	33	770	8	778
Mechanics at out- door vocations: Blacksmiths, carpenters, engine-fitters, sawyers, painters, police etc....	13	.....	13	509	.....	509
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	17	1	18	268	16	284
Domestic service: Waiters, cooks, servants, etc.....	.....	4	4	40	746	786
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	3	94	97	40	1,377	1,417
Commercial: Shopkeepers, sales- women, stenographers, typewriters, etc.....	5	3	8	32	14	46

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	5	12	17	26	144	170
Miners, seamen, etc.....	1	.....	1	17	.....	17
Prostitutes.....	.....	.....	.....	.....	9	9
Laborers.....	52	.....	52	841	.....	841
No occupation.....	9	9	18	162	197	359
Unascertained.....	2	6	8	74	77	151
Total.....	161	129	290	3,176	2,614	5,790

SEVENTEENTH ANNUAL REPORT OF THE
ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
December 9, 1890

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
United States.....	125	102	227	2,069	1,586	3,675
Canada.....	10	13	23	211	233	444
Ireland.....	10	6	16	271	334	605
England.....	2	.....	2	67	55	122
Germany.....	7	4	11	147	124	271
Scotland.....	.....	1	1	14	14	28
Wales.....	1	.....	1	8	3	11
Belgium.....	.....	.....	.....	2	2	4
Austria.....	2	.....	2	10	3	13
Poland.....	.....	.....	.....	9	7	16
Russia.....	.....	2	2	24	7	31
Prussia.....	.....	.....	.....	2	.....	2
Hungary.....	.....	.....	.....	.....	2	2
Holland.....	.....	.....	.....	1	.....	1
Italy.....	4	1	5	17	6	23
Switzerland.....	.....	.....	.....	10	4	14
France.....	.....	.....	.....	10	3	13
Sweden.....	.....	.....	.....	7	2	9
China.....	.....	.....	.....	3	.....	3
Bavaria.....	.....	.....	.....	2	.....	2
Cuba.....	.....	.....	.....	3	.....	3
Norway.....	.....	.....	.....	2	.....	2
Spain.....	.....	.....	.....	1	.....	1
West Indies.....	.....	.....	.....	2	1	3
Greece.....	.....	.....	.....	1	.....	1
Unascertained.....	.....	.....	.....	124	97	221
Born on ship.....	.....	.....	.....	1	.....	1

Of the total number admitted since the 1st of October, 1888, the parents of 39.9 per cent were both of foreign birth.

In 6.5 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.1 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....	24		24
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....	8		8
Franklin.....	24		24
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....	33	1	34
Kings.....			
Lewis.....	13		13
Livingston.....	1		1
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....			
Niagara.....			
Oneida.....	1		1
Onondaga.....	82	3	85
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....	42		42
Otsego.....			
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....			
Rockland.....			

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....	56	2	58
Saratoga.....
Schenectady.....
Schoharie.....
Schuyler.....
Seneca.....
Steuben.....
Suffolk.....
Sullivan.....
Tioga.....
Tompkins.....
Ulster.....
Warren.....
Washington.....
Wayne.....
Westchester.....
Wyoming.....
Yates.....
Soldiers' Home.....
Total.....	284	6	290

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	30	15	45	.....	.....	.....
Allegany.....	.....	.....	.....	.....	.....	.....
Broome.....	1	.....	1	.....	.....	.....
Cattaraugus.....	.....	.....	.....	.....	.....	.....
Cayuga.....	.....	.....	.....	.....	.....	.....
Chautauqua.....	.....	.....	.....	.....	.....	.....
Chemung.....	.....	.....	.....	.....	.....	.....
Chenango.....	1	.....	1	.....	.....	.....
Clinton.....	41	46	87	.....	2	2
Columbia.....	3	3	6	.....	.....	.....
Cortland.....	2	.....	2	.....	.....	.....
Delaware.....	.....	.....	.....	.....	.....	.....
Dutchess.....	.....	6	6	.....	.....	.....
Erie.....	2	2	4	.....	.....	.....
Essex.....	26	23	49	.....	.....	.....
Franklin.....	35	42	77	.....	.....	.....
Fulton.....	3	.....	3	.....	.....	.....
Genesee.....	.....	.....	.....	.....	.....	.....
Greene.....	.....	.....	.....	.....	.....	.....
Hamilton.....	1	.....	1	.....	.....	.....
Herkimer.....	11	1	12	.....	.....	.....
Jefferson.....	83	89	172	1	1	2
Kings.....	1	1	2	.....	.....	.....
Lewis.....	42	27	69	.....	.....	.....
Livingston.....	2	1	3	.....	.....	.....
Madison.....	2	2	4	.....	.....	.....
Monroe.....	17	15	32	.....	.....	.....
Montgomery.....	3	3	6	.....	.....	.....
New York.....	99	20	119	.....	.....	.....
Niagara.....	.....	.....	.....	.....	.....	.....
Oneida.....	13	11	24	.....	.....	.....
Onondaga.....	183	202	385	3	3	6
Ontario.....	.....	.....	.....	.....	.....	.....
Orange.....	.....	.....	.....	.....	.....	.....
Orleans.....	.....	1	1	.....	.....	.....
Oswego.....	89	104	193	.....	1	1
Otsego.....	.....	.....	.....	.....	.....	.....
Putnam.....	.....	.....	.....	.....	.....	.....
Queens.....	7	7	14	.....	.....	.....
Rensselaer.....	17	16	33	.....	.....	.....

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Richmond.....	3	.....	3	.....	.....	.....
Rockland.....	.....	.....	.....	.....	.....	.....
St. Lawrence.....	107	134	241	3	2	5
Saratoga.....	15	3	18	.....	.....	.....
Schenectady.....	2	1	3	.....	.....	.....
Schoharie.....	.....	.....	.....	.....	.....	.....
Schuyler.....	.....	.....	.....	.....	.....	.....
Seneca.....	1	.....	1	.....	.....	.....
Steuben.....	1	.....	1	.....	.....	.....
Suffolk.....	1	1	2	.....	.....	.....
Sullivan.....	.....	.....	.....	.....	.....	.....
Tioga.....	.....	.....	.....	.....	.....	.....
Tompkins.....	.....	.....	.....	.....	.....	.....
Ulster.....	4	1	5	.....	.....	.....
Warren.....	6	4	10	.....	.....	.....
Washington.....	2	4	6	.....	.....	.....
Wayne.....	.....	.....	.....	.....	.....	.....
Westchester.....	9	6	15	.....	.....	.....
Wyoming.....	.....	.....	.....	.....	.....	.....
Yates.....	1	.....	1	.....	.....	.....
Unascertained.....	27	22	49	.....	.....	.....
Total.....	893	813	1,706	7	9	16

FIFTEENTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

ROCHESTER STATE HOSPITAL

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1905

OFFICERS

Board of Managers

HON. GEORGE RAINES.....	Rochester, N. Y.
HON. GEORGE HERBERT SMITH.....	Rochester, N. Y.
DAVID M. GARSON.....	Rochester, N. Y.
MRS. LILLIE BOLLER WERNER.....	Rochester, N. Y.
THOMAS A. O'HARE, M. D.....	Rochester, N. Y.
WILLIAM MILLER.....	Rochester, N. Y.
MISS JANE ROCHESTER.....	Rochester, N. Y.

Officers of the Board

HON. GEORGE RAINES	President
HON. GEORGE HERBERT SMITH	Secretary

Resident Officers

EUGENE H. HOWARD, M. D.....	Superintendent
EZRA B. POTTER, M. D.....	First Assistant Physician
CHARLES T. LAMOURE, M. D.....	Second Assistant Physician
EDWARD L. HANES, M. D.	Assistant Physician
EVELINE P. BALLINTINE, M. D.....	Woman Physician
RUTH DEMAREST, M. D.	Medical Interne
WILLARD H. VEEDER, M. D.	Medical Interne

Treasurer

EUGENE H. HOWARD.....	Rochester, N. Y.
-----------------------	------------------

Steward

W. S. REMINGTON.....	Rochester, N. Y.
----------------------	------------------

Counsel

JOHN A. BARHITE.....	Rochester, N. Y.
----------------------	------------------

Board of Consultants

ARCHIBALD DANN, M. D.	Physician
FRANK F. DOW, M. D.	Physician
FREDERICK ZIMMER, M. D.	Surgeon
ROBERT G. COOK, M. D.	Neurologist
JOEL M. INGERSOLL, M. D.	Laryngologist
ROBERT L. GARSON, M. D.	Ophthalmologist
THOMAS E. NESBIT	Dentist

REPORT OF MANAGERS

To the State Commission in Lunacy:

The managers of the Rochester State Hospital respectfully submit the 15th annual report, together with the reports of the superintendent and treasurer for the fiscal year ending September 30, 1905.

The superintendent's report shows that 747 patients have been admitted during the year, 479 having come by transfer from other state hospitals. The number discharged during the year was 215, which includes 56 recoveries and 85 deaths.

The report of the treasurer shows the receipts and expenditures for the year. All items of expenditures in detail are to be found on vouchers in the office of the State comptroller and spread upon the books of the hospital. The purchases and contracts have been made in conformity with the provisions of the statute which requires that the monthly estimate system under the supervision of the State Commission in Lunacy be the basis for all purchases.

Monthly visits have been made to the hospital by the board of visitation during the year when the several departments have been carefully inspected, together with the construction and improvements in progress under the direction of the State architect.

Additional buildings for 750 patients are now occupied, and crowding, which has been so strongly deprecated, is thereby relieved, but there is yet much to be done to make the working conditions of all departments satisfactory.

The central boiler-house is practically completed, while the store, bakery and laundry enlargement are yet in process of construction. The limitation of the water supply, owing to its being at a high rate on a metered service, is relieved by the erection of a stand-pipe with an air lift, which gives an ample supply of water at a nominal cost from deep wells on the hospital property.

The needs of the hospital for the ensuing year have been carefully considered. The reasons therefor and the appropriations needed are as follows:

The population of the hospital having been doubled, the room formerly used for entertainments is now too small. It can be used as a day room for an additional ward, and an appropriation of \$20,000 is asked for an amusement hall.

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

The moving of the boilers to the central power plant makes it desirable to put the present poorly ventilated kitchen in the old boiler-house, which has a ridge ventilator and is an attached building. Plans for this have been made by the State architect, which change will make room for a dormitory for 50 patients. \$20,500 is needed for this purpose.

The rough plastered walls in the new buildings give the wards a gloomy and homeless aspect and make a lodgment for germs and dust. It is recommended that the walls be painted, and an appropriation of \$12,150 is asked for this purpose.

When the land south of Elmwood avenue was purchased by the State, a farm house was on the property which is now left, in the placing of the new buildings, in the narrow lawn between the nurses' home and the street, in an unsightly and impossible location. \$950 is asked for to move and repair this house.

The water supply from the flowing wells is fitted out in duplicate at the boiler-house, but not at the wells. To secure a constant supply another pump should be installed at the wells, so that when machinery needs repairs they can be made without having the water supply give out. The cost will be \$1,500.

In the construction of the reception building suitable rooms were left unfinished to be afterwards floored and fitted with apparatus for hydrotherapeutic treatment. An appropriation of \$2,990 is needed for this purpose.

Additional furniture is needed for the wards and apartments to the amount of \$1,200.

The grounds about the new buildings are bare and there is needed for trees, shrubs and plants \$1,075.

A propagating house with hot frames is needed for the garden, at a cost of \$1,300.

The house at the Lake farm is in need of enlargement and repairs so as to comfortably accommodate 30 patients and receive outing parties from the hospital. \$7,500 is needed for this purpose.

The barns at the Lake farm are badly situated on a hill near the house and are out of repair. These should be moved on to the farm property and rebuilt. \$1,500 is needed for this purpose.

The water for household purposes at the Lake farm has to be brought in barrels on a stone boat from a neighbor's well. Across the farm from the house is a spring of excellent water which should be piped and lifted to a water tank convenient for daily use. \$750 is needed for this purpose.

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

Electric motors are needed for the dough mixer in the bakery, for the elevator in the store, for the choppers and grinders in the kitchen, for the machinery in the carpenter shop and for the food lifts to the dining-rooms. \$950 is needed for this purpose.

It is necessary to move the 50 k. w. engine and generators from the old engine-room to the new boiler-house. It is impossible to light all the new buildings until this is done. This will cost \$597.

In constructing the new buildings a suitable room was left adjoining the operating room for necessary sterilizing apparatus. \$790 is needed for this equipment.

During the past summer the kitchens, dining-rooms and sick rooms in the new buildings were infested with flies. Window screens should be furnished at a cost of \$775.

It is urged that the cement floors in the lavatories and kitchens of the new buildings be replaced by vitreous tile, the cost of which will be \$7,500.

With the increase in the buildings the equipment of the carpenter shop should be increased by the addition of a turning lathe, combination sawing table with boring attachment, and a band saw with shafting and power. \$580 is needed for this purpose.

The officers have continued their efforts during the year to maintain a commendable standard in the working order of the hospital. Their duties have been more exacting on account of the close attention required of the superintendent to the details of the construction of the new buildings. Their work has been more difficult, and credit is due them that it has been accomplished with so little friction.

In February the board lost by death its president, Hon. Frederick Cook, a most faithful and able member, who was ever ready to respond to the needs of the hospital. With a kindly heart and sympathetic nature, he was keenly alive to the misfortunes and needs of the patients, and when occasion required was always ready to use his powerful influence in their behalf.

Respectfully submitted,

GEORGE RAINES
JANE E. ROCHESTER
GEORGE HERBERT SMITH
WILLIAM MILLER
THOMAS A. O'HARE
D. M. GARSON
LILLIE BOLLER WERNER

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

The superintendent of the Rochester State Hospital has the honor to submit the 15th annual report of this institution for the year ending September 30, 1905, together with the treasurer's report for the same period.

During the year the superintendent has directed and controlled the property and concerns of the institution, subject to the statutory powers of the Commission in Lunacy and in accordance with their advice.

As required by law, the articles manufactured by the State prisons have been purchased at the prices fixed by the board of classification. The principal articles of supplies have been obtained by joint purchase with the other hospitals when it has been found practicable to do so, and in other instances have been purchased from lowest bidders.

The weekly per capita cost of maintenance for the year is as follows:

For salaries.....	\$0.344
For wages.....	1.393
For provisions and stores.....	1.229
For ordinary repairs.....	.078
For farm and grounds.....	.159
For clothing.....	.142
For furniture and bedding.....	.116
For books and stationery.....	.034
For fuel and light.....	.248
For medical supplies.....	.023
For miscellaneous expenses.....	.122
For transportation of patients.....	.010
	<hr/>
	\$3.898

The special fund expenditures for the year are as follows:

Chapter 635, Laws of 1904.

New building construction.....	\$76,580 88
New building equipment.....	16,199 07
Power house.....	12,029 49

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

Store, bakery and laundry.....	\$47,573 95	
Water supply system.....	10,822 63	
Ice house.....	12 80	
Grading walks and lawns.....	581 45	
Under draining.....	106 17	
Lakeside farm.....	68 00	
Betterments.....	4,810 65	
Stock.....	381 47	
Furniture.....	3,175 54	
	<hr/>	\$172,342 10
Chapter 700, Laws of 1905.		
Deficiency in payment of wages.....	\$2,093 62	
Deficiency in accounts of treasurer....	904 72	
	<hr/>	2,998 34
Total expenditures for the year.....		<hr/> <hr/> \$175,340 93

MOVEMENT OF POPULATION

	Men	Women	Total
Remaining October 1, 1904.....	310	381	691
Admitted during year ending September 30, 1905.....	267	480	747
On original commitments:			
From residences.....	128	125	253
From county houses.....	8	7	15
By transfers from other institutions for insane.....	131	348	479
	<hr/>	<hr/>	<hr/>
Total number under treatment during year.....	577	861	1,438
	<hr/>	<hr/>	<hr/>
Daily average population.....	331.89	433.64	765.53
Capacity of institution.....	500	803	1,303
	<hr/>	<hr/>	<hr/>
Discharged during the year:			
As recovered.....	21	35	56
As improved.....	37	25	62
As unimproved.....	6	5	11

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

	Men	Women	Total
As not insane.....	1	0	1
Died.....	51	34	85
<hr/>			
Whole number discharged during the year.....	116	99	215
<hr/>			
Remaining October 1, 1905.....	461	762	1,223
<hr/>			

Among the causes assigned for the insanity of 747 admissions, the physical, including bodily disorders and ill health, were accountable for 381, while the moral, including worry, excitement and shock, were operative in 135. Of these 135 cases assigned to moral causes, 13 were due to mental worry and overwork, while 120 cases were due to adverse conditions. Among the 381 cases assigned to physical causes, 52 were due to alcoholism and drug habituation and 19 to acquired syphilis. Of the 747 admissions 258 were due to what are considered preventable causes.

Among the different forms of insanity from which the 747 cases admitted were suffering, acute mania existed in 87, acute melancholia in 100, and other forms of insanity of a dementing character promising little or no hope of recovery in 560 cases. Of the 215 cases discharged during the year 56 were recovered, 62 had so far improved as to enable them to live comfortably at home, 11 were unimproved and removed against our advice, while 85 died.

It is interesting to note that of the 56 cases which recovered during the year, 49 had been insane only one year, or less, prior to their admission, and that 46 were under treatment at the hospital for a period of less than one year. The average age of the 85 who died was 56 years, with an average duration of insanity of nearly four years and an average hospital residence of nearly four years.

An hereditary tendency to insanity was found to exist in 96 of the 747 cases admitted during the year—paternal branch in 40, maternal branch in 48, paternal and maternal in eight, and collateral branches in 65, while there existed no discoverable hereditary tendency in 402, and in 184 cases the facts could not be ascertained.

CONDITION OF THE INSTITUTION

The occupancy of additional buildings with a capacity for 750 patients during the past year has materially changed the administration of the hospital. The crowded condition of the wards is

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

relieved and the classification of the patients is more complete. While there is yet much to be done to bring all departments into a satisfactory working condition, the enlargement improves the grade of care for patients recently admitted, among which are the recoverable cases, and increases the facilities for the care of the aged and infirm.

The reception group consists of six cottages connected by domestic and therapeutic apartments with structural facilities for the special treatment of 50 selected cases of each sex. The Monroe buildings, north of Elmwood avenue, provide accommodations for 553 women patients and 85 employees. The Genesee, the Eastern building, is used for 300 feeble or infirm patients; the Livingston, providing for 350 of the stronger men patients, is to the south near the farm and garden.

The nurses' home, store, boiler-house, bakery, laundry and shops are in separate buildings conveniently situated along the main driveway.

TRAINING SCHOOL

The training school was continued through the year upon established methods, graduating seven as nurses. At the entrance examination in September, 43 applicants were accepted as pupil nurses and 14 failed.

AMUSEMENTS AND OCCUPATION

In the care and treatment of the patients the importance of amusement and occupation has been kept in the foreground. The tendency to lethargy has been constantly combated thereby. Sixty-five and sixty-two hundredths per cent of the daily population has been engaged in some useful occupation, and the greater amount accomplished has been particularly satisfactory because the preparations for the increase in our population has taxed to the utmost the facilities of our shops and working parties.

The summer home at the lake side has been visited by 138 patients, and their happiness has been greatly enhanced thereby. The interest of the patients and nurses in this feature of the hospital life is unabated and continues to be a source of gratification and encouragement toward restoration to health. The Lake farm of 60 acres is productive and has been well tilled.

The following is a partial list of the needs of the hospital for the coming year. The cost of each has been carefully estimated, and

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

it is presented in the hope that appropriations may be secured therefor:

Amusement hall.....	\$20,000 00
Changing old boiler-house to kitchen.....	20,500 00
Painting walls—new buildings.....	12,150 00
Improvement of house at Lake farm	7,500 00
Water supply at Lake farm	750 00
Moving and rebuilding barns at Lake farm	1,500 00
Hydrotherapy rooms and equipment.....	2,990 00
Additional furniture.....	1,200 00
Trees, shrubs and plants for new grounds.....	1,075 00
Electric motors in bakery, store, kitchens, and carpenter shop for power to run elevators and machinery.	950 00
Moving farm house from in front of nurses' home and repairing same.....	950 00
Moving 50 k.w. engine and generators from old engine-room to new boiler-house.....	597 00
Machinery for carpenter shop.....	580 00
Duplicate water pump at wells.....	1,500 00
Propagating house, 1,700 sq. ft., with hot frames.....	1,300 00
Sterilizing apparatus for operating room.....	790 00
Fly screens for kitchens, dining-rooms, infirmary and reception hospital.....	775 00
Tile floors for lavatories and kitchens.....	7,500 00

During the year the hospital has benefited by frequent visits by the State Commission in Lunacy and its medical inspector, also by the State architect and his assistants. At the same time the interest in the affairs of the hospital manifested by the members of the board has been of special benefit while so many alterations and improvements have been in progress.

Respectfully submitted.

EUGENE H. HOWARD

Superintendent

TREASURER'S REPORT

To the Board of Managers:

The treasurer respectfully submits the following statement for the year ending September 30, 1905:

SPECIAL FUND

Receipts

From State treasurer for extraordinary improvements:

Balance October 1, 1904.....	\$695 57
Chapter 700, Laws 1905.....	2,998 34
Chapter 635, Laws 1904.....	172,342 34
	<hr/>
	\$176,036 25

Expenditures

Chapter 700, Laws 1905.....	\$2,998 34
Chapter 635, Laws 1904.....	172,342 34
Balance September 30, 1905.....	695 57
	<hr/>
	\$176,036 25

MANUFACTURING DEPARTMENT

Receipts

Balance October 1, 1904.....	\$555 31
From State hospitals.....	19,209 69
From all other sources.....	216 35
	<hr/>
	\$19,981 35

Expenditures

For running expenses.....	\$2,696 32
For stock.....	11,887 55
For uniform account.....	252 46
Balance September 30, 1905.....	5,145 02
	<hr/>
	\$19,981 35

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

MAINTENANCE FUND

Receipts

Balance October 1, 1904.....	\$2,387 65
From State treasurer, maintenance.....	153,300 00
From private patients.....	1,129 79
From reimbursing patients.....	11,290 29
From all other sources.....	465 82
	<hr/>
	\$168,573 55
	<hr/>

Expenditures

For salaries.....	\$13,714 77
For wages.....	55,503 61
For provisions and stores.....	48,975 43
For ordinary repairs.....	3,123 35
For farm and grounds.....	6,202 05
For clothing.....	5,658 72
For furniture and bedding.....	4,659 14
For stationery supplies.....	1,363 27
For fuel and light.....	9,865 61
For medical supplies.....	951 19
For miscellaneous supplies.....	4,870 87
For transportation of patients.....	407 45
To State treasurer.....	12,517 08
Balance September 30, 1905.....	761 01
	<hr/>
	\$168,573 55
	<hr/>

Weekly per capita cost on daily average number of patients—766.00—estimates 1 to 12, inclusive, and exclusive of payments for extraordinary improvements and manufacturing..... \$3.898

Respectfully submitted.

E. H. HOWARD

Treasurer

REPORT OF THE STEWARD

The steward makes the following report of the production of the farm and garden:

FARM

Credit

Apples, 442 bushels, at 50 cents.....	\$221 00
Alfalfa, 30 tons, at \$5.00.....	150 00
Chicken, 176 lbs., at 15 cents.....	26 40
Cherries, 300 lbs., at 6 cents.....	18 00
Carrots, 175 bushels, at 30 cents.....	52 50
Clover, green, 122½ tons, at \$2.50.....	306 25
Duck, 15 lbs., at 12 cents.....	1 80
Eggs, 63½ doz., at 18 cents.....	11 43
Eggs, 181 doz., at 20 cents.....	36 20
Ensilage, 50 tons, at \$3.50.....	175 00
Green fodder, 1 ton.....	3 00
Hay, 135½ tons, at \$12.00.....	1,629 00
Mangle wurtzels, 990 bushels, at 20 cents.....	198 00
Milk, 77,322 quarts, at .0325 cents.....	2,412 96
Oats and peas, 25 tons, at \$3.00.....	75 00
Pork, 19,188 lbs., at .075 cents.....	1,439 10
Potatoes, 604 bushels, at 50 cents.....	302 00
Rye, 102 bushels, at 55 cents.....	56 10
Rye, green, 64 tons, at \$3.00.....	192 00
Straw, 10½ tons, at \$13.50.....	146 86
Turkey, 90 lbs., at 14 cents.....	12 60
	<hr/>
	\$7,465 20
	<hr/>

GARDEN

Credit

Beets, early, 75 bushels, at 30 cents.....	\$22 50
Beets, late, 388 bushels, at 30 cents.....	116 40
Beets, green, 100 bushels, at 25 cents.....	25 00
Corn, sweet, 30,720 ears, at 75 cents per hundred.....	230 40
Celery, 6,073 bunches, at 3 cents.....	182 19
Cabbage, 49,800 lbs., at 50 cents per hundred.....	249 00
Carrots, 233 bushels, at 30 cents.....	69 90

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

Cucumbers, 97 bushels, at 50 cents.....	\$48 50
Horse radish, 21 bushels, at 50 cents.....	10 50
Lettuce, 188 bushels at 40 cents.....	75 20
Onions, early, 12,125 bunches, at 2 cents.....	242 50
Onions, late, 387 bushels, at 60 cents.....	232 20
Plums, 14 bushels, at 75 cents.....	10 50
Peas, 28 bushels, at 75 cents.....	21 00
Parsnips, 250 bushels, at 40 cents.....	100 00
Radishes, 2,764 bunches, at 4 cents.....	110 56
Radishes, 97 bushels, at 75 cents.....	72 75
Rhubarb, 1,723 bunches, at 5 cents.....	86 15
Raspberries, black, 1,145 quarts, at 6 cents.....	68 70
Raspberries, red, 1,420 quarts, at 8 cents.....	113 60
String beans, 50 bushels, at 50 cents.....	25 00
Salsify, 38 bushels, at 50 cents.....	19 00
Squash, summer, 11,600 lbs., at \$1.00 per hundred....	116 00
Squash, Hubbard, 10,810 lbs., at \$1.00 per hundred...	108 10
Turnips, 558 bushels, at 25 cents.....	139 50
Tomatoes, ripe, 237 bushels, at 40 cents.....	94 80
Tomatoes, green, 89 bushels, at 25 cents.....	22 25
Water melons, 200, at 10 cents.....	20 00
Musk melons, 300, at 5 cents.....	15 00
	<hr/>
	\$2,647 20
	<hr/> <hr/>

SUMMARY—FARM AND GARDEN

Debits

Amount charged farm and garden.....	\$2,574 85
Amount of farm wages.....	4,112 58
Value of products consumed by farm animals, etc.....	2,611 37
Net profit to balance.....	842 60
	<hr/>
	\$10,141 40
	<hr/> <hr/>

Credits

Total garden products.....	\$2,647 20
Total farm products.....	7,465 20
Credit for teams drawing coal, etc.....	1,029 00
	<hr/>
	\$10,141 40
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W. S. REMINGTON

Steward

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904.....	310	381	691
Admitted during year ending Sept. 30, 1905..	267	480	747
On original commitments:			
From residences.....	128	125	253
By transfers from county houses.....	8	7	15
By transfers from other institutions for insane.....	131	348	479
Total number under treatment during year	577	861	1,438
Daily average population.....	331.89	433.64	765.53
Capacity of institution.....	500	803	1,303
Discharged during year:			
As recovered.....	21	35	56
As improved.....	37	25	62
As unimproved.....	6	5	11
As not insane.....	1	.....	1
Died.....	51	34	85
Whole number discharged during the year.	116	99	215
Remaining October 1, 1905.....	461	762	1,223

SEVENTEENTH ANNUAL REPORT OF THE
ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No 2

October 1, 1904, September 30, 1905

Date of opening.....	1891
Total acreage of grounds and buildings.....	216.75

Value of real estate, including buildings.....	\$626,076 24
Value of personal property.....	51,424 93

Acreage under cultivation.....	140.02
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Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$2,387 65
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	153,300 00
From private patients.....	1,129 79
From reimbursing patients.....	11,290 29
From all other sources.....	465 82

Total receipts for maintenance.....	\$166,185 90
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Total receipts from State Commission in Lunacy } for extraordinary improvements..... }	\$172,342 10 2,998 34
Total receipts from manufacturing fund.....	19,426 04

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$13,714 77
Estimate No. 2. For wages.....	55,503 61
Estimate No. 3. For provisions and stores.....	48,975 43
Estimate No. 4. For ordinary repairs.....	3,123 35
Estimate No. 5. For farm and grounds.....	6,202 05
Estimate No. 6. For clothing.....	5,658 72
Estimate No. 7. For furniture and bedding.....	4,659 14
Estimate No. 8. For books and stationery.....	1,363 27
Estimate No. 9. For fuel and light.....	9,865 61
Estimate No. 10. For medical supplies.....	951 19
Estimate No. 11. For miscellaneous expenses....	4,870 87
Estimate No. 12. For transportation.....	407 45

Total disbursements, estimates 1 to 12 inclusive.....	\$155,295 46
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ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Total disbursements during year for extraordinary improvements under apportionment by State Commission in Lunacy.....	\$2,998 34 172,342 10
Total disbursements during year, manufacturing fund.....	14,836 33
General maintenance fund.....	\$761 01
Manufacturing fund.....	\$5,145 02
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	\$3.898
Maximum rate of wages paid attendants:	
Men.....	\$40 00
Women.....	34 00
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
Proportion of day attendants to average daily population.....	1 to 10
Proportion of night attendants to average daily population.....	1 to 50
Percentage of daily patient population engaged in some kind of useful occupation.....	65.62
Estimated value of farm and garden products during year.....	\$14,027 86
Estimated value of articles made or manufactured by patients during year.....	11,195 43

SEVENTEENTH ANNUAL REPORT OF THE
ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	3	117	120	.....	.....	.....	.....
Mental strain, worry and overwork (not included in above) ..	7	6	13	3	2	5	.....
Fright and nervous shock.....	1	1	2	1	.....	1	.....
Physical:							
Intemperance.....	37	8	45	9	.....	9	3
Venereal diseases.....	18	1	19	3	.....	3	.....
Accident or injury.....	2	2	4	1	.....	1	.....
Parturition and puerperium.....	.....	3	3	.....	.....	.....	.....
Change of life.....	.....	2	2	.....	2	2	.....
Privation and overwork	44	130	174	.....	3	3	.....
Epilepsy.....	6	6	12	2	.....	2	1
Diseases of skull and brain.....	5	8	13	.....	.....	.....	.....
Old age.....	9	23	32	4	3	7	.....
Abuse of drugs.....	5	2	7	2	.....	2	.....
All other bodily disorders and ill health...	48	22	70	1	5	6	1
Hereditary.....	9	13	22	9	13	22	.....
Congenital defect.....	8	4	12	2	.....	2	.....
Unascertained.....	64	132	196	3	1	4	3
Not insane.....	1	.....	1	.....	.....	.....	.....
Total.....	267	480	747	40	29	69	8

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	5	.....	.....
General paralysis.....	28	.....	13
Senile insanity.....	37	.....	28
Epilepsy with insanity.....	10	.....	7
Imbecility, idiocy with insanity.....	7	1	.....
Other psychoses.....	187	55	37
Not insane*.....	1	.....	.....
Dementia terminal, (transferred from Willard and New York).....	472	.....	.....

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

SEVENTEENTH ANNUAL REPORT OF THE
ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	13	11	24	1	1	2	95	123	218	21	13	34
One to three months.....	5	11	16	7	11	18	72	85	157	88	78	166
Three to six months.....		4	4	6	10	16	24	50	74	73	138	211
Six to nine months.....	1	3	4	4	4	8	17	39	56	37	70	107
Nine months to one year.....		1	1		2	2	3	13	16	10	29	39
One year to eighteen months.....				2	4	6	14	23	37	14	31	45
Eighteen months to two years.....					1	1	3	7	10	4	6	10
Tw. to three years.....	2	3	5		2	2	12	13	25	4	10	14
Three to four years.....		1	1				2	11	13	3	1	4
Four to five years.....							5	4	9	2	1	3
Five to ten years.....		1	1				6	8	14	2	4	6
Ten to twenty years.....				1		1	2	4	6	1	1	2
Unascertained.....							4	2	6			
Total.....	21	35	56	21	35	56	259	382	641	259	382	641

*Includes cases of alcoholism, drug habit, etc.

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	1	.....	1	2	.....	2
Influenza.....	.....	.....	.....	2	5	7
Cerebro-spinal meningitis.....	.....	.....	.....	1	.....	1
Erysipelas.....	.....	.....	.....	2	1	3
Septicemia and pyemia.....	.....	1	1	1	3	4
Tuberculosis.....	6	.....	6	35	36	71
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus....	.....	.....	.....	1	.....	1
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....	1	.....	1	2	2	4
Diseases of the stomach.....	.....	.....	.....	2	2	4
Diseases of the intestines.....	1	9	10	15	44	59
Diseases of the liver.....	.....	.....	.....	2	3	5
Diseases of the pancreas.....	.....	.....	.....	1	.....	1
Diseases of the peritoneum.....	.....	.....	.....	2	1	3
Appendicitis.....	.....	.....	.....	.....	1	1
Diseases of the respiratory system:						
Diseases of the bronchi.....	.....	3	3	1	26	27
Diseases of the lungs.....	.....	.....	.....	28	26	54
Diseases of the pleura.....	.....	.....	.....	.....	1	1
Diseases of the circulatory system:						
Diseases of the pericardium.....	1	.....	1	1	.....	1
Diseases of the heart.....	3	2	5	17	14	31
Arterio-sclerosis.....	.....	.....	.....	12	3	15

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Diseases of the genito-urinary system.....				6	7	13
Diseases of the nervous system:						
Diseases of the nerves.....					1	1
Diseases of the spinal cord.....				4		4
Diseases of the meninges.....	1		1	7	2	9
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions.....	3	4	7	44	38	82
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....				2	1	3
Epilepsy.....	5		5	28	17	45
Mental diseases:						
Exhaustion of acute mental disease.....	3	6	9	64	84	148
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	11	1	12	127	23	150
Debility of old age.....	12	7	19	47	62	109
Accident.....				1	5	6
Suicide.....	2		2	6	7	13
Surgical and gynecological diseases and diseases of the skin.....				3	3	6
Malignant new growths or cancer.....	1	1	2	4	11	15
Total.....	51	34	85	470	429	899

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	18	22	40	123	142	265
Maternal branch.....	22	26	48	101	202	303
Paternal and maternal branches.....	5	3	8	17	12	29
Collateral branches.....	23	42	65	190	219	409
No hereditary tendency	152	250	402	765	957	1,722
Unascertained.....	47	137	184	441	402	843
Total.....	267	480	747	1,637	1,934	3,571

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	162	236	398	820	773	1,593
Married.....	83	157	240	638	791	1,429
Widowed.....	16	78	94	152	351	503
Divorced.....	2	3	5	16	13	29
Unascertained.....	4	6	10	11	6	17
Total.....	267	480	747	1,637	1,934	3,571

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	3	2	5	29	8	37
Academic.....	15	19	34	74	118	192
Common school.....	176	262	438	1,261	1,331	2,592
Read and write.....	33	44	77	95	101	196
Read only.....	4	23	27	51	128	179
No education.....	21	47	68	73	150	223
Unascertained.....	15	83	98	54	98	152
Total.....	267	480	747	1,637	1,934	3,571

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	3	3	6	12	4	16	49	41	90	96	57	153
One to three months.....	6	4	10	3	3	6	52	45	97	63	52	115
Three to six months.....	4	2	6	7	5	12	34	25	59	41	45	86
Six to nine months.....	3	1	4	3	2	5	37	24	61	24	28	52
Nine months to one year.....	2	.....	2	1	3	4	11	8	19	26	19	45
One year to eighteen months.....	9	5	14	6	2	8	60	53	113	43	42	85
Eighteen months to two years.....	2	.....	2	4	1	5	9	8	17	20	21	41
Two to three years.....	5	5	10	4	2	6	58	54	112	40	23	63
Three to four years.....	1	1	2	2	.....	2	28	24	52	23	28	51
Four to six years.....	6	5	11	1	5	6	41	38	79	30	37	67
Six to ten years.....	2	1	3	2	1	3	30	34	64	25	22	47
Ten to twenty years.....	7	6	13	5	4	9	27	39	66	22	29	51
Twenty years and over.....	1	1	2	1	2	3	14	16	30	17	26	43
Unascertained.....	.....	.....	.....	.....	.....	.....	20	20	40	.....	.....	.....
Total.....	51	34	85	51	34	85	470	429	899	470	429	899

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Woman	Total	Men	Woman	Total
From 10 to 15 years.....				3	2	5
From 15 to 20 years.....	6	2	8	59	40	99
From 20 to 25 years.....	15	15	30	148	141	289
From 25 to 30 years.....	18	22	40	190	178	368
From 30 to 35 years.....	35	37	72	212	222	434
From 35 to 40 years.....	31	58	89	205	241	446
From 40 to 50 years.....	70	121	191	349	413	762
From 50 to 60 years.....	41	97	138	215	296	511
From 60 to 70 years.....	31	73	104	140	218	358
From 70 to 80 years.....	17	47	64	82	136	218
From 80 to 90 years.....	3	8	11	31	46	77
Ninety years and over.....				1	1	2
Unascertained.....				2		2
Total.....	267	480	747	1,637	1,934	3,571

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	1	1	2	18	15	33
From 20 to 30 years.....	3	8	11	69	118	187
From 30 to 40 years.....	6	10	16	63	117	180
From 40 to 50 years.....	7	9	16	72	79	151
From 50 to 60 years.....	4	6	10	23	41	64
From 60 to 70 years.....		1	1	14	11	25
From 70 to 80 years.....					1	1
Total.....	21	35	56	259	382	641

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years....	2	.....	2	4	1	5
From 20 to 25 years....	1	1	2	12	10	22
From 25 to 30 years....	2	1	3	25	22	47
From 30 to 35 years....	2	.....	2	32	18	50
From 35 to 40 years....	6	4	10	50	40	90
From 40 to 50 years....	10	5	15	99	58	157
From 50 to 60 years....	12	2	14	84	64	148
From 60 to 70 years....	2	5	7	70	86	156
From 70 to 80 years....	12	12	24	68	85	153
From 80 to 90 years....	2	2	4	25	41	66
Over 90 years.....	.....	2	2	.....	4	4
Unascertained.....	.....	.....	.....	1	.....	1
Total.....	51	34	85	470	429	899

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	30	25	55
One to three months.....	19	28	47
Three to six months.....	9	7	16
Six to nine months.....	12	14	26
Nine months to one year.....		4	4
One year to eighteen months.....	26	18	44
Eighteen months to two years.....	2	1	3
Two to three years.....	14	19	33
Three to four years.....	13	22	35
Four to five years.....	13	10	23
Five to ten years.....	50	88	138
Ten to fifteen years.....	27	77	104
Fifteen to twenty years.....	14	65	79
Twenty to thirty years.....	23	64	87
Thirty years and upwards.....	11	37	48
Not insane*.....	1		1
Unascertained.....	3	1	4
Total.....	267	480	747

*Includes cases of alcoholism, morphia habit, etc.

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	62	255	317
One to three months.....	104	114	218
Three to sixth months.....	24	34	58
Six to nine months.....	13	13	26
Nine months to one year.....	8	10	18
One year to eighteen months.....	14	28	42
Eighteen months to two years.....	11	23	34
Two to three years.....	31	35	66
Three to four years.....	27	38	65
Four to five years.....	21	20	41
Five to ten years.....	45	97	142
Ten to fifteen years.....	50	35	85
Fifteen to twenty years.....	31	35	66
Twenty to thirty years.....	13	16	29
Thirty years and upwards.....	7	9	16
Total.....	461	762	1,223

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TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	2	1	3	69	4	73
Commercial: Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shopmen, stenogra- phers, typewriters, etc.				173	4	177
Agricultural and pas- toral: Farmers, gardeners, herds- men, etc.....	46		46	311	2	313
Mechanics, at outdoor vocations: Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc....	56		56	275		275
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	19		19	234	5	239
Domestic service: Waiters, cooks, servants, etc.....	13	194	207	42	506	548
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	3	202	205	8	1,139	1,147
Commercial: Shopkeepers, sales- women, stenogra- phers, typewriters, etc.	34	12	46	51	46	97

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded).

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		22	22	4	130	134
Miners, seamen, etc.....	2	.....	2	3	.....	3
Prostitutes.....		.....	.....	.....	2	2
Laborers.....	74	.....	74	372	.....	372
No occupation.....	13	36	49	82	76	158
Unascertained.....	5	13	18	13	20	33
Total.....	267	480	747	1,637	1,934	3,571

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888.

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arabia.....				2		2
Armenia.....	1		1	1		1
Austria.....	2	3	5	4	9	13
Bavaria.....	1		1	1		1
Belgium.....				1		1
Canada.....	7	15	22	81	96	177
Cuba.....	1		1	1		1
England.....	8	15	23	70	82	152
France.....	2	3	5	7	7	14
Germany.....	31	65	96	188	217	405
Holland.....		3	3	12	17	29
Hungary.....	1	3	4	1	4	5
Ireland.....	22	114	136	118	286	404
Italy.....	4	2	6	18	18	36
Norway.....		3	3	1	4	5
Nova Scotia.....					1	1
Poland.....	2	4	6	12	13	25
Prussia.....				1	1	2
Roumania.....		1	1		1	1
Russia.....	9	6	15	23	26	49
Scotland.....	2	3	5	10	15	25
Sweden.....	1	8	9	8	12	20
Switzerland.....		3	3	8	7	15
United States.....	171	229	400	1,045	1,101	2,146
Wales.....				1	2	3
West Indies.....	2		2	2		2
Unascertained.....				21	15	36
Total.....	267	480	747	1,637	1,934	3,571

Of the total number admitted since the 1st of October, 1888, the parents of 58.64 per cent were both of foreign birth.

In 3.81 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.78 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....	1		
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	2		2
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	70		70
Greene.....			
Hamilton.....			
Herkimer.....	1		1
Jefferson.....			
Kings.....	139		139
Lewis.....			
Livingston.....	56		56
Madison.....			
Monroe.....	252	1	253
Montgomery.....			
Nassau.....			
New York.....	153		153
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....	7		7
Orange.....			
Orleans.....	40		40
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	3		3
Rensselaer.....			
Richmond.....			
Rockland.....			
St. Lawrence.....			

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....	.....	.....	.....
Schenectady.....	.....	.....	.....
Schoharie.....	.....	.....	.....
Schuyler.....	1	.....	1
Seneca.....	2	.....	2
Steuben.....	1	.....	1
Suffolk.....	6	.....	6
Sullivan.....	.....	.....	.....
Tioga.....	1	.....	1
Tompkins.....	.....	.....	.....
Ulster.....	.....	.....	.....
Warren.....	.....	.....	.....
Washington.....	.....	.....	.....
Wayne.....	7	.....	7
Westchester.....	.....	.....	.....
Wyoming.....	2	.....	2
Yates.....	2	.....	2
Soldiers' Home.....	.....	.....	.....
Total.....	746	1	747

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....						
Allegany.....						
Broome.....						
Cattaraugus.....						
Cayuga.....		1	1			
Chautauqua.....						
Chemung.....						
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....						
Erie.....						
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....	38	32	70			
Greene.....						
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	1	129	130			
Lewis.....						
Livingston.....	30	37	67			
Madison.....						
Monroe.....	302	421	723	2	2	4
Montgomery.....						
Nassau.....						
New York.....	49	106	155			
Niagara.....		1	1			
Oneida.....						
Onondaga.....						
Ontario.....	4	2	6			
Orange.....						
Orleans.....	27	21	48			
Oswego.....						
Otsego.....						
Putnam.....						
Queens.....	1	3	4			
Rensselaer.....						
Richmond.....						

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland.....						
St. Lawrence.....						
Saratoga.....						
Schenectady.....						
Schoharie.....						
Schuyler.....	1		1			
Seneca.....						
Steuben.....	1		1			
Suffolk.....		4	4			
Sullivan.....						
Tioga.....	1		1			
Tompkins.....						
Ulster.....						
Warren.....		1	1			
Washington.....	1		1			
Wayne.....	1	2	3			
Westchester.....						
Wyoming.....	2		2			
Yates.....						
Total.....	459	760	1,219	2	2	4

TENTH ANNUAL REPORT

OF THE

LONG ISLAND STATE HOSPITAL

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1905

51

LONG ISLAND STATE HOSPITAL

BOARD OF MANAGERS

ALEXANDER E. ORR, President.

REV. WILLIAM J. WHITE, Secretary.

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JAMES MCMAHON,

MISS LOUISA MAN WINGATE,

MRS. JOHN H. BURTIS,

HUGO HIRSH.

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WARREN S. SHATTUCK, JR., M. D.

RESIDENT OFFICERS

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IRA O. TRACY, M. D. First Assistant Physician

PAUL G. TADDIKEN, M. D. Second Assistant Physician

VACANCY Junior Physician

JOSEPH SMITH M. D. Medical Intern

H. ELIZABETH BALCH, M. D. Woman Physician

F. A. WHEELER Purchasing Steward

WILLIAM L. BUCK Resident Steward

FRANCES W. THOMSON Matron

REPORT OF THE SUPERINTENDENT

To the Board of Managers of the Long Island State Hospital:

Ladies and Gentlemen—I respectfully submit the annual report of the Long Island State Hospital for the fiscal year ending September 30, 1905.

On October 1, 1904, the number of patients was 1,199, of whom 416 were men and 783 were women.

The number admitted during the year was 121 men and 152 women, a total of 273; of these, 235 came directly from their homes and 38 were transferred from other institutions for the insane.

The whole number discharged during the year was 399, as follows: 36 men and 55 women recovered; 32 men and 19 women improved; seven men and 154 women unimproved; one woman not insane; 48 men and 47 women died. The number remaining at the close of the year was 414 men and 659 women, a total of 1,073; the whole number under treatment during the year was 1,472.

Of the total number admitted 229 came from the borough of Brooklyn, five from other parts of Long Island, and 39 were transferred from other hospitals.

Of the total admissions for the year, 52.38 per cent were of foreign birth.

Of the total number of admissions, five patients have been deported to foreign countries and to other states.

The recovery rate, based on the number admitted, is 38.72 per cent, a considerable gain as compared with previous years. During the past year a large number of cases has been received at this hospital by request of friends instead of having been committed to Kings Park or Central Islip. The fact is somewhat remarkable that most of such cases received at the request of friends, that they may be easily accessible to their friends' visits, are unfavorable cases. Probably this may be accounted for by the assumption that many of the cases whose friends take an unusual interest in them are also cases that have been kept for a considerable time at home since mental trouble began, and are therefore relatively chronic and unfavorable.

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

There have been no fatal accidents, and no epidemics of contagious or infectious disease. There has been one suicide, that of a male patient, admitted October 2, 1896. This patient had for eight years been employed in the male attendants' dining room, and was quiet and orderly, with a considerable amount of dementia, but was not of the depressed type. On December 7, 1904, while the back of the attendant with him was turned, the patient took the knife used in cutting bread from a drawer which had, contrary to rules, been left unlocked, and cut his throat. He died in the course of an hour.

Arrangements have been made for the affiliation of our training school with the training school of the Mt. Sinai Hospital in the borough of Manhattan, and a number of our nurses have already received supplementary training there in the nursing of surgical cases and childrens' diseases.

The methods of treatment in vogue, aside from treatment by drugs, include hydrotherapy, physical culture, hypodermic injection of normal saline solutions, massage, and the application of electric currents. It is hardly necessary to say that an attempt is made to provide suitable occupation and amusement, and by tactful suggestion and control to aid in establishing the normal mental state. During convalescence an attempt is made to teach patients some of the elements of personal hygiene, to the end that a recurrence of their trouble may be avoided. This seems to me to be of the greatest importance. Unfortunately, we have practically nothing in the way of a modern equipment for the application of hydrotherapy. I trust that during the coming year the deficiencies of the hospital in this respect may be remedied.

In my report last year to the State Commission in Lunacy, I dwelt specially on the necessity for steps looking toward permanence of the main building and the grounds adjacent thereto. At the time I made that report the entire hospital property was held on a yearly lease from the city, and the arrangement ran only until October 1, 1905, beyond which date there was no provision for further extensions of the lease, and I stated that unless other measures were taken there would be no accommodation for the insane in or near this borough after that date.

When these facts became known to the general public in this city, a large number of prominent citizens, especially those interested in the care of the insane, made appeals personally and by letter to prominent State and city officials, that the necessary steps be taken to arrange for the permanent maintenance of a State hospital in this borough. Practically every medical organization in the bor-

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

ough, including the Associated Physicians of Long Island, passed emphatic resolutions calling on the State and city authorities to provide for the permanent maintenance of this hospital.

The matter was taken up by the Hon. Alexander E. Orr, then president of the board of visitors, now president of your honorable board, and as a result of his efforts the State and city authorities cooperated to obtain the passage of a legislative enactment whereby this property, exclusive of the annex, may be turned over by the city to the State, to be used as a State hospital, together with several acres of contiguous property now used by the city as a potter's field, and in exchange the State to turn over to the city the State's interest in the land and buildings now used by the House of Refuge on Randall's island. This bill was duly enacted by the Legislature, and signed by the mayor of the city of New York and by the Governor of the State.

A transfer of 135 female patients was made during the summer to the Willard State Hospital. This was done with a view to emptying the annex and turning it over to the city authorities, but it has been decided to make no more transfers from the annex until completion of the nurses' home at Kings Park, when it is expected that the patients in the annex will be transferred to Kings Park and the building abandoned.

MATERIAL IMPROVEMENTS

The following extraordinary repairs and improvements have been made during the year:

Additional fire protection—During the past year a Gamewell fire alarm box has been installed in the main medical office and connected with the city fire department, and 19 three-gallon Utica fire extinguishers have been purchased to complete the fire equipment of the annex building, cottages 27 and 28 and the annex laundry.

Plumbing—One old, insanitary water closet, which was the sole convenience of all the mechanics and boiler room force, has been removed from the boiler room and three new water closets installed, to meet the requirements. A new bath room has been fitted up in the superintendent's quarters.

Engineer's department—Our Fitzgibbon boiler, which has been in operation for about eight years, has been entirely retubed. A new tin roof has been placed on the dynamo station.

Grounds—The old summer house and the octagonal building used for orchestra rehearsals, located in the yard at the rear of the men's

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

wing, have been removed and the grounds graded, laid off with paths and seeded, which is a very noticeable improvement. Forty-five shade trees have been purchased and set out along Clarkson street, in front of the main property, and also in the men's rear yard above mentioned. We have propagated a large quantity of California privet, and about 1,200 feet of privet hedge has been set out along the front of the main grounds on Clarkson street and Albany avenue. One hundred and twenty-two square yards of cement sidewalk have been laid and 454 square yards of cement pavements put down in the rear of the main building. A quantity of crushed stone has been provided to put our gravel walks and drives in good condition. The tool house has been resingled and extensive repairs made to the greenhouse.

The following departments have been painted: Wards 1 and 3; matron's and supervisor's offices, ward 4; ward 6; front dormitories, wards 13 and 19; ward 16; ward 17; dining room, ward 19; ward 20; alcoves between wards 4 and 5, and 5 and 6; also alcoves between wards 14 and 15, and 15 and 16; nurses' dining room, main building; women patients' associate dining rooms in basement main building; staff kitchen and staff laundry and hallway between; rear stairway from basement to ward 7, and end stairway from basement to ward 20; room in basement to be used as clerks' dining room; bread room in connection with men patients' dining room in basement; steward's offices; first assistant and second assistant physicians' quarters; main hall and small sitting room, superintendent's quarters. In cottages 27 and 28 the ceilings and walls have been kalsomined and woodwork painted throughout. In addition to the above, a large quantity of furniture has been refinished and many beds reenameled.

New laundry equipment—A new 24-inch extractor has been installed in the main laundry, and a sterilizer, washer, body ironer and dip wheel collar and cuff starcher have been allowed.

New kitchen equipment—A portable steel bake oven has been purchased, also a Victoria potato peeling machine and electric motor to furnish power for same.

Medical and surgical apparatus—An electro-mechanical massage outfit, a galvinic and faradic battery combined, and two additional personal weighing scales have been purchased. Our electrical engineer has constructed a high frequency electro-therapeutic and X-ray apparatus, for which two X-ray tubes and the necessary vacuum electrodes and a millimeter have been purchased.

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New furniture—The following items of furniture to supply deficiencies have been purchased: Eighteen bureaus, 36 wardrobes, five dozen bedside tables, nine hall settees, two dozen cane-seated oak chairs, six nurses' rockers, six oak arm chairs and four Morris chairs. Some of the above furniture has been used to improve the alcoves where patients receive visitors, and the bureaus and wardrobes were for employees rooms.

AMUSEMENTS

During the year the following persons have been employed to give entertainments to our patients:

Joseph Lorraine, humorous selections and music.

Hal Morton, Ethel Palmer and Augusta Grimm, vaudeville.

George Little, illustrated lecture.

Brooklyn *Times* Vaudeville Company, management; William B. Moyles.

Fred. Meyer, cinematograph pictures.

I take pleasure in acknowledging the following gratuitous entertainments: One given by Mrs. Fanny Hand and friends, and one by young ladies connected with the Lenox Road Baptist church.

The following is a list of the principal expenditures made from our amusement fund during the year:

Five thousand Victor talking machine needles.

Five dozen Victor talking machine records.

One year's subscription to Angelus music library.

One dozen new tune sheets for Regina music box.

Twenty pieces of music for Angelus piano player.

One new Vough piano.

Yearly subscriptions to the following periodicals—*Deaf Mute's Journal*; *Harper's Monthly*; *Century*; *Munsey's*, three copies; *Cosmopolitan*, three copies.

About 60 volumes have been added to our patients' library.

Plants and jardinieres were purchased for the wards; raphia, braid, embroidery silk, thread, etc., have been purchased for the fancy-work class.

A basket ball outfit and lumber for constructing goals have been purchased.

Our billiard table has been recovered, one set of composition billiard balls and one set of ivory billiard balls and billiard cues have been purchased.

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

We have also purchased drawing crayons, drawing book, playing cards and glass for repairing broken pictures on wards, and crepe paper for decorating flower pots on wards.

Candy and peanuts were served to all our patients at Christmas, and lemonade was served on the lawn on the 4th of July. By means of this fund many of our patients were enabled to attend the circus and visit Coney Island.

SUGGESTIONS AND FUTURE NEEDS

In considering changes and improvements at this hospital, the following conditions should be borne in mind. The annex is to be given up within a few months, and therefore it does not concern us. The buildings under consideration are the main building, with a normal capacity of 655, now holding a population of 800, and the buildings situated contiguous thereto, namely, boiler house, laundry, kitchen, and several old, dilapidated, wooden buildings, among which are the amusement hall, dynamo room, an old building used for patients industries, and another for shops.

Taking up the main building, we have an imposing brick structure, built some 40 or 50 years ago in a very substantial manner. In fact, the main construction of this building is of a superior character, such as would be exceedingly expensive to duplicate to-day. As an instance of this kind of construction, I would refer to the main outside walls. These brick walls have not deteriorated, are 18 inches in thickness, with a 2-inch air space. I need hardly say that this is a superior kind of construction with regard to warmth, exclusion of dampness and durability, and that with the ruling wages for masons in greater New York of \$6.00 per day, and the price of building material, this construction represents a very valuable asset. This building is three stories in height, with cross wings of four stories, and is 664 feet in length.

In the interior the arrangement of partitions and rooms is in accordance with ideas of hospital construction which prevailed some 40 or 50 years ago. As a result of this arrangement, the available floor space is not utilized to the best advantage, either from a medical or from an economical standpoint. The floors throughout need renewal. Some of the wooden trim will have to be renewed, but a considerable amount of it can be saved. The plumbing and sanitary arrangements are antiquated, badly placed and inadequate. The heating arrangements and hot and cold water service are unsatis-

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

factory and insufficient. The electric lighting lines require renewal, and a portion of the building requires remodeling along modern lines.

The end cross wings, which I propose to use for employees quarters, will require practically no remodeling, and can well be fitted for employees with a comparatively small expenditure, and will, I believe, provide as satisfactory quarters for our employees, apart from the patients wards, as have been provided in any of the nurses' homes recently constructed in the State hospitals of this State.

The remodeling should consist mainly in taking out the partitions dividing the south side of the ward into single rooms, thus throwing all this space in with the long corridors, and this space can be very satisfactorily and economically used for large, sunny day rooms and dormitories. The old, narrow, wooden stairways should be removed and replaced by commodious iron stairways. The partitions along the north side of the wards can be, in the main, retained and the amount of remodeling there necessary will be slight. Sun verandas, in order to provide a sufficient amount of light, sunny-day room space, should be constructed on the south ends of the cross wings. This remodeling will provide all the necessary medical and administrative features required in providing modern facilities for the care and treatment of the insane.

The difficulty of making specifications for a contract for these changes, so that good material may be saved where practicable without ripping out good and bad indiscriminately, incline me to the view that the work in the main building should be done by the hospital, under the supervision of a very competent master mechanic, also by following this plan, the labor of patients could be utilized in removing the brick partitions and in other work of a similar character. As this work would be a very considerable item in these changes, a large saving could be thus effected.

As I stated before, some of the main construction of the building is of a character superior to the brick construction now commonly specified in hospitals for the insane. When this is taken into account, and also the fact that the changes proposed will give satisfactory facilities for the treatment of the insane along modern lines, I believe that if these changes should be carried out we would have a State hospital for the insane in this borough superior in many respects to anything which could possibly be built here for \$500 per capita, and it should be borne in mind that this is the maximum per capita allowed by the Insanity Law in the construction of hospital buildings for the insane; and it should further be borne in mind that the

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

changes I have outlined contemplate the use of this building largely in the treatment of acute cases.

The normal capacity of the building is at present 655, with an actual population of 800. These changes would result in added normal capacity of 160, making a total normal capacity of 815; but if the new space which the changes would make available should be crowded as at present, the building would accommodate 1,000 patients instead of 800 as now.

The quarters now used in this main building by the superintendent's family and by the medical officers are insufficient and unsatisfactory, and, moreover, this space is needed for other purposes involved in the remodeling of the building; therefore, following the policy generally adopted throughout the State hospital system, a superintendent's house should be erected on the grounds, and a staff house should also be erected for the use of a portion of the members of the medical staff, including one married physician and his family, and the resident steward and his family. At present the resident steward lives off the place, in a house rented by himself. This is an exceedingly unsatisfactory arrangement, as it is in the highest degree desirable that the resident steward should actually reside in the hospital, that he may be able at all times to supervise the work of his department.

A portion of the basement is at present used for storeroom purposes. This arrangement is unsatisfactory, and moreover the space thus used will be needed for dining room purposes if these changes are carried out. Therefore, a storehouse should be erected containing a cold storage and ice-making plant. There should also be erected a building for shops and patients industries.

The present laundry is an old building, constructed partially of brick and partially of wood, and when funds are available it should be replaced by a new laundry.

Practically the same statement may be made in regard to the present kitchen, except that this building is entirely of brick.

The present boiler house is suitably placed, and with certain changes and repairs will be satisfactory.

The old, wooden, amusement hall, formerly used as a dining hall, is in a dilapidated condition and should be replaced by a new amusement hall when funds are available.

A new dynamo plant should be installed, but a new building in place of the old one will probably not be necessary, as it is believed this plant can be installed in a portion of the space used for a boiler room.

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

In connection with the boiler house, suitable provision should be made for the storage of coal.

The water supply of the hospital has been in the past, as at present, obtained from the Flatbush water works at an average annual cost of \$3,376.89 during the last five years. I would recommend that driven wells be sunk and a water supply obtained on our own property.

An estimate will be presented by the State architect of the cost of the changes and improvements outlined above. If the architect's estimate of the remodeling and repairs in the main building is based on such specifications as would be necessary in providing for these changes by contract, I believe, as stated above, that the cost could be materially reduced by performing the work under the supervision of a competent master mechanic employed by the State.

To sum up: the changes and new construction which I have outlined above, together with certain additions to our equipment, which I will refer to later, will provide for the great population of the borough, an up-to-date hospital with the necessary facilities for the modern treatment of the acute insane. This hospital will be conveniently situated, as nearly all our commitments come to us through the city receiving ward connected with the Kings County Hospital, which is situated closely adjacent to our main building.

I would also recommend that the following equipment be furnished:

Two hydrotherapeutic installations, including circular bath and douche table;

Alberine stone for wainscoting douche rooms;

Two hot air boxes (in sets of two) for giving hot air baths;

One sitz bathtub;

Two hot water tanks for installation in connection with the two main hydrotherapeutic outfits;

Four circulating baths with double mixing chambers, douches, and brass nickel-plated connecting pipes for hot and cold water;

The hydrotherapeutic equipment described above is of the type and construction recommended by Dr. Simon Baruch, and will furnish one complete hydrotherapeutic installation for the men's department and another for the women's, and will also provide two circular baths for each of these departments, to be placed conveniently for the treatment of patients who would be unable to go to the main hydrotherapeutic outfit for treatment.

All amounting approximately to..... \$3,100 00

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

Two prolonged bath installations of six baths each, with regulating mechanism, similar to those planned for the Manhattan State hospital, Ward's Island, one to be placed on the men's and the other on the women's service. The cost would be \$557.00 for each installation or, total..... \$1,114 00

Additional medical equipment amounting to..... 153 00

The clocks in this institution are worn out and valueless, with one exception, and there should be installed a system of synchronous time.

The one exception referred to is the Howard clock in the medical office, which could be used as the master clock of the system.

For attaching contact apparatus to this clock, for furnishing 17 12-inch clocks to the various parts of the institution requiring them and for wiring in conduit from these clocks to the master clock in the office, would be required the sum of..... 515 00

I recommend that this installation be made at the time when the main building is remodeled.

Dining room apparatus for the two large associate patients' dining rooms and corresponding employees' dining room, consisting of dish warming closets, carving tables, two dishwashing machines, two refrigerators, tea, coffee and hot water urns for the employees' dining rooms, food trucks, carving tables and dish warming closets for the infirmary wards, will be required the sum of..... 2,036 00

A complete equipment for a surgical operating room..... 1,565 00

Equipment and utensils for four electric diet kitchens for the infirmary and acute services..... 520 00

Total..... \$9,003 00

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The following changes have occurred within the year in the personnel of the resident officers:

On December 1, 1904, Dr. J. Albert Pritchard, medical interne, accepted a position as junior physician at the Willard State Hospital. The vacancy thus created was filled by Dr. Joseph Smith on July 17, 1905. On March 18, 1905, Dr. A. J. Capron, second assistant physician, was transferred to the Kings Park State Hospital, and on the same date Dr. P. G. Taddiken was transferred from the Kings Park Hospital to fill the vacancy thus created. On August 1, 1905, Dr. Mary Hadley Smith, junior assistant physician, left the hospital on an extended leave of absence owing to ill health, and subsequently her resignation to take effect March 1, 1906, was received and accepted.

In addition to the monthly visits by the board of visitors up to May 27, 1905, the visit of the board of managers in September, and those of the State Commission in Lunacy, I have to mention the following: Hon. Homer Folks, secretary of the State Charities Aid Association; Miss Margaret D. Dreier, visitor for the State Charities Aid Association; Mrs. Tunis G. Bergen, a member of the board of managers of the State Charities Aid Association; Dr. William L. Russell, medical inspector for the State Commission in Lunacy; members of the consulting staff of the hospital as follows: Dr. William Browning, Dr. George McNaughton, Dr. A. T. Bristow, Dr. H. A. Fairbairn, Dr. William Maddren, Dr. J. M. Winfield, Dr. Calvin S. Barber, Dr. James C. Hancock; the following visitors for the State Charities Aid Association: Mrs. John H. Burtis, James McMahon, Albro J. Newton; Dr. R. M. Elliott, Dr. William Browning and class of students from the Long Island College Hospital; Dr. George O'Hanlon, of Kings Park; Dr. Jeffery, Dr. Gottlieb, Dr. Fleming and Dr. Macumber, of Brooklyn; Dr. E. Hitchcock, of Whitestone; Dr. B. Harrington, of Brooklyn; Rev. Father York, of Huntington, L. I.; Dr. Johnston, of Brooklyn; Dr. Ezra Potter, of Rochester; Dr. S. Pier, of Brooklyn; Dr. Emil Hartung, of Brooklyn; Dr. Cecil McCoy, of Brooklyn; Marcus B. Campbell, attorney for the hospital; Dr. Adolf Meyer, director of the Pathological Institute, Ward's Island, N. Y.; Dr. L. J. Morton, of Brooklyn; Dr. Sayboldt, of Brooklyn; Charles P. Bible, special agent of State Commission in Lunacy; Dr. Lee of Brooklyn; F. E. Corwith, representative of the State architect, Albany, N. Y.; Dr. J. F. Fitzgerald, general superintendent of the Kings County Hospital; Dr. C. J. Northridge, of Brooklyn; F. A. Wheeler, purchasing steward; Hon. James H. Tully, Commissioner of Charities of Greater New York.

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

For magazines and other reading matter the hospital is indebted to Mrs. F. H. Cordman, of Brooklyn; Miss Hook, of Brooklyn; Mrs. Emma F. Roberts, of Brooklyn; Mrs. Eilers, of Brooklyn; Mrs. Harry Campbell, of Brooklyn; W. F. Daniels, of Brooklyn; also to the proprietors of the *Brooklyn Daily Eagle* and the *Brooklyn Citizen*.

The usual statistical tables, financial statement, and reports from the various industrial departments are appended to this report.

Respectfully submitted

O. M. DEWING

Superintendent

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

GARDEN PRODUCTS

Asparagus, 482 bunches.....	\$33 74
Beans, lima, 21 bushels.....	15 75
Beans, string, 145 bushels.....	72 50
Beets, 58½ bushels.....	17 55
Beets, 7 bunches.....	35
Beet greens, 10½ bushels.....	2 64
Brussels sprouts, 4 bushels.....	3 00
Cabbage, 42617 pounds.....	213 09
Carrots, 13 bushels.....	3 90
Cauliflower, 189 heads.....	11 34
Celery, 5,114 heads.....	153 42
Corn, 8,833 ears.....	66 25
Egg plant, 428 pounds.....	12 84
Horse radish, 12 bunches.....	72
Kale, 14 bushels.....	7 00
Leeks, 93 bunches.....	2 79
Lettuce, 84½ bushels.....	33 67
Mint, 45 bunches.....	1 35
Onions, 103 bushels.....	61 80
Onions, green, 2,270 bunches.....	45 40
Potatoes, 243 bushels.....	121 50
Parsley, 321 bunches.....	9 63
Parsnips, 209 bushels.....	83 60
Peas, 77 bushels.....	57 75
Peppers, green, 1 bushel.....	75
Peppers, red, 1 dozen.....	03
Pumpkins, 2580 pounds.....	6 46
Radishes, 116 bushels.....	87 00
Radishes, 456 bunches.....	18 24
Rhubarb, 5922 bunches.....	296 10
Salsify, 8 bushels.....	4 00
Spiniach, 347 bushels.....	86 75
Squash, 527 pounds.....	5 27
Strawberries, 122 quarts.....	9 76
Tomatoes, 189½ bushels.....	75 70
Tomatoes, green, 1 bushel.....	25

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

Turnips, 188 bushels.....	\$47 01
Milk, 4652 $\frac{3}{4}$ quarts.....	151 22
<hr/>	
Total.....	\$1,820 12
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FARM STOCK ON HAND

Horses.....	7
Cows.....	2
<hr/>	

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904 ..	416	783	1,199
On original commitments:			
From residences.....	101	134	235
By transfers from other institutions for insane	20	18	38
Total number under treatment during year....	537	935	1,472
Daily average population.....	419	766	1,185
Capacity of institution.....	333	672	1,005
Discharged during the year:			
As recovered.....	36	55	91
As improved.....	32	19	51
As unimproved.....	7	154	161
As not insane.....	.....	1	1
Died.....	48	47	95
Whole number discharged during the year....	123	276	399
Remaining October 1, 1905.....	414	659	1,073

NOTE—Include elopements in number recovered or not recovered. Make explanatory note in cases discharged "not insane," whether inebriates, opium habitués, etc.

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TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	1895
Total acreage of grounds and buildings.....	30
Value of personal property.....	\$78,570 34
Acreage under cultivation.....	12
Receipts during year, maintenance fund:	
Balance on hand October 1, 1904.....	3,089 23
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	222,430 04
From reimbursing patients.....	9,759 17
From all other sources.....	1,338 30
Total receipts for maintenance.....	<u>\$236,616 74</u>
Total receipts from State Commission in Lunacy for extraordinary improvements.....	<u>\$1,648 40</u>
Total receipts from manufacturing fund 1904 balance	<u>\$1,200 00</u>
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries.....	\$13,495 81
Estimate No. 2. For wages.....	79,424 10
Estimate No. 3. For provisions and stores.....	85,118 10
Estimate No. 4. For ordinary repairs.....	4,037 59
Estimate No. 5. For farm and grounds.....	2,507 01
Estimate No. 6. For clothing of patients.....	6,676 99
Estimate No. 7. Uniform materials.....	585 45
Estimate No. 8. For furniture and bedding.....	6,788 28
Estimate No. 9. For books and stationery.....	1,480 41
Estimate No. 10. For fuel and light.....	16,243 29
Estimate No. 11. For medical supplies.....	1,664 29
Estimate No. 12. For miscellaneous expenses.....	6,219 35
Estimate No. 13. For transportation.....	221 56
Total disbursements, estimates 1 to 12 inclusive.	<u>\$224,462 23</u>
Remitted to State treasurer sundry receipts, Chapter 580, Laws of 1899.....	<u>\$10,066 38</u>
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	<u>\$1,648 40</u>

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Balances Oct. 1, 1905:	
General maintenance fund.....	\$2,088 13
Manufacturing fund.....	1,200 00
<hr/>	
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	\$3.6331
<hr/>	
Maximum rate of wages paid attendants:	
Men.....	\$41 25
Women.....	35 00
<hr/>	
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
<hr/>	
Proportion of day attendants to average daily population.....	1 to 10.5
Proportion of night attendants to average daily population.....	1 to 42.3
Percentage of daily patient population engaged in some kind of useful occupation.....	49
Estimated value of farm and garden products during year.....	\$1,819 90
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SEVENTEENTH ANNUAL REPORT OF THE
LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the
current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	5	19	24	3	3	6	10
Mental strain, worry and overwork (not included in above).....	3	3	6	2	1	3	2
Fright and nervous shock.....		3	3		1	1	1
Physical:							
Intemperance.....	31	3	34				11
Venereal diseases.....	4		4		1	1	2
Accident or injury.....	10		10		2	2	5
Parturition and puerperium.....		10	10		3	3	3
Change of life.....		2	2		1	1	1
Privation and overwork..	1	2	3		1	1	1
Epilepsy.....	2	2	4				3
Old age.....	4	13	17	2	2	4	6
All other bodily disorders and ill health.....	7	10	17		1	1	7
Hereditary.....	11	13	24	11	13	24	
Congenital defect.....	1	3	4				
Unascertained.....	42	68	110				16
Not insane.....		1	1				
Total.....	121	152	273	18	29	47	68

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	23	.....	3
General paralysis.....	28	.....	24
Senile insanity.....	52	1	37
Epilepsy with insanity.....	5	3	2
Imbecility, idiocy with insanity.....	1	1	2
Other psychoses.....	163	86	27
*Not insane.....	1	.....	.....
Total.....	273	91	95

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	13	18	31	1	3	4	200	277	477	47	19	66
One to three months.....	5	12	17	14	12	26	200	249	449	189	157	346
Three to six months.....	5	6	11	9	12	21	81	104	185	250	282	532
Six to nine months.....	1	1	2	7	5	12	35	42	77	150	188	338
Nine months to one year.....	.....	.....	.....	2	3	5	9	13	22	81	112	193
One year to eighteen months.....	1	5	6	1	5	6	23	21	44	80	103	183
Eighteen months to two years.....	1	1	2	.....	2	2	9	4	13	17	28	45
Two to three years.....	1	1	2	2	3	5	11	14	25	16	26	42
Three to four years.....	2	1	3	.....	.....	.....	12	7	19	13	11	24
Four to five years.....	.....	.....	.....	.....	3	3	6	2	8	9	9	18
Five to ten years.....	2	1	3	.....	4	4	10	6	16	17	17	34
Ten to twenty years.....	.....	.....	.....	.....	3	3	2	3	5	2	6	8
Thirty to forty years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Unascertained.....	5	9	14	274	216	490
Total.....	36	55	91	36	55	91	872	958	1,830	872	958	1,830

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TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				24	16	40
Measles.....					1	1
Mumps.....					2	2
Smallpox... ..				1	2	3
Influenza.....	1		1	3	2	5
Erysipelas.....		2	2	5	6	11
Septicemia and pyemia..				9	16	25
Dysentery.....				28	49	77
Syphilis.....				4		4
Tuberculosis.....	1	5	6	229	283	512
Constitutional diseases:						
Rheumatism (or rheumatic affections).....					1	1
Diabetes mellitus and diabetes insipidus.....				2	3	5
Scurvy, purpura and haemophilia.....				1	2	3
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....					2	2
Diseases of the stomach.....				8	10	18
Diseases of the intestines	1	7	8	63	96	159
Diseases of the liver.....				3	9	12
Diseases of the peritoneum.....				5	1	6
Diseases of the respiratory system:						
Diseases of the bronchi.....				8	3	11
Diseases of the lungs....	4	2	6	85	93	178
Diseases of the pleura...				2	3	5
Diseases of the circulatory system:						
Diseases of the pericardium.....					5	5
Diseases of the heart....	9	10	19	171	180	351
Arterio-sclerosis.....				10	14	24
Aneurism.....				1	1	2

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LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....				1	1	2
Diseases of the genito-urinary system.....	1	1	2	56	76	132
Diseases of the nervous system:						
Diseases of the nerves.....				1	1	2
Diseases of the spinal cord.....				3	2	5
Diseases of the meninges.....				9	7	16
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	4	6	10	112	119	231
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....				1	1	2
Epilepsy.....	2	1	3	88	61	149
Mental diseases:						
Exhaustion of acute mental disease.....	4	6	10	143	222	365
Exhaustion of chronic mental disease.	2	4	6	29	26	55
General paralysis of the insane.....	17	3	20	393	59	452
The intoxications; heat-stroke, obesity:						
Heat-stroke.....					2	2
Obesity.....					1	1
Debility of old age.....	1		1	54	81	135
Accident.....				15	6	21
Suicide.....	1		1	2	1	3
Surgical and gynecological diseases and diseases of the skin.....				16	21	37
Malignant new growths or cancer.....				15	36	51
Total.....	48	47	95	1,600	1,523	3,124

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TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch	4	7	11	178	225	403
Maternal branch	7	15	22	221	258	479
Paternal and maternal branches.....	4	.....	4	40	50	90
Collateral branches.....	4	10	14	234	304	538
No hereditary tendency.	66	92	158	1,735	1,525	3,260
Unascertained.....	36	28	64	2,043	2,380	4,423
Total.....	121	152	273	4,451	4,742	9,193

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	43	50	93	1,915	1,522	3,437
Married.....	66	79	145	1,826	1,851	3,677
Widowed.....	12	23	35	398	723	1,121
Divorced.....	.....	.....	.....	2	5	7
Unascertained.....	.....	.....	.....	310	641	951
Total.....	121	152	273	4,451	4,742	9,193

**SEVENTEENTH ANNUAL REPORT OF THE
LONG ISLAND STATE HOSPITAL—ANNUAL REPORT**

TABLE No. 10

**Showing degree of education of patients admitted during the current year
and since October 1, 1888**

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	2	2	4	91	19	110
Academic.....	7	.....	7	100	74	174
Common school.....	87	110	197	2,172	1,911	4,083
Read and write.....	8	17	25	487	479	966
Read only.....	5	8	13	161	208	369
No education.....	12	15	27	217	345	562
Unascertained.....	.....	.....	.....	1,223	1,706	2,929
Total.....	121	152	273	4,451	4,742	9,193

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	5	9	14	8	12	20	111	145	256	201	175	376
One to three months.....	6	7	13	5	1	6	176	153	329	205	142	347
Three to six months.....	9	3	12	7	3	10	133	93	226	182	137	319
Six to nine months.....	5	2	7	1	3	4	102	56	158	119	81	200
Nine months to one year.....	1	.....	1	.....	1	1	46	22	68	98	77	175
One year to eighteen months.....	4	4	8	10	3	13	106	57	163	168	105	273
Eighteen months to two years.....	.....	2	2	.....	2	2	36	29	65	75	54	129
Two to three years.....	2	3	5	1	4	5	77	56	133	137	100	237
Three to four years.....	.....	2	2	4	3	7	31	37	68	83	98	181
Four to six years.....	3	1	4	4	3	7	27	44	71	84	109	193
Six to ten years.....	2	1	3	3	3	6	33	40	73	109	161	270
Ten to twenty years.....	1	.....	1	3	7	10	26	29	55	85	191	276
Twenty years and over.....	.....	1	1	2	2	4	8	11	19	54	93	147
Not insane*.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Unascertained.....	10	12	22	.....	.....	.....	688	750	1,438	.....	.....	.....
Total.....	48	47	95	48	47	95	1,600	1,523	3,123	1,600	1,523	3,123

Average duration of insane life (give years and tenths) 5.10 8.9 6.58 4.12 7.9 5.60

*Includes cases of alcoholism, drug habit, etc.

SEVENTEENTH ANNUAL REPORT OF THE
LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....				1		1
From 10 to 15 years.....		1	1	19	9	28
From 15 to 20 years.....	5	6	11	194	192	386
From 20 to 25 years.....	13	21	34	498	478	976
From 25 to 30 years.....	14	15	29	553	592	1,145
From 30 to 35 years.....	24	28	52	590	593	1,187
From 35 to 40 years.....	12	14	26	552	483	1,035
From 40 to 50 years.....	25	30	55	762	704	1,462
From 50 to 60 years.....	11	15	26	462	483	945
From 60 to 70 years.....	12	10	22	334	336	670
From 70 to 80 years.....	4	11	15	158	189	347
From 80 to 90 years.....	1	1	2	45	51	96
Unascertained.....				283	632	915
Total.....	121	152	273	4,451	4,742	9,193

TABLE No. 13

Showing ages of those discharged recovered during the current year and
since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	4	6	74	68	142
From 20 to 30 years.....	12	17	29	270	364	634
From 30 to 40 years.....	6	11	17	246	260	506
From 40 to 50 years.....	12	15	27	156	165	321
From 50 to 60 years.....	1	6	7	81	68	149
From 60 to 70 years.....	3	2	5	29	27	56
From 70 to 80 years.....				4	1	5
Unascertained.....				12	5	17
Total.....	36	55	91	872	958	1,830

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				3	2	5
From 15 to 20 years.....				20	24	44
From 20 to 25 years.....		2	2	64	56	120
From 25 to 30 years.....	4	1	5	108	103	211
From 30 to 35 years.....	8	7	15	141	127	268
From 35 to 40 years.....	4	1	5	204	131	335
From 40 to 50 years.....	9	10	19	346	271	617
From 50 to 60 years.....	9	8	17	280	267	547
From 60 to 70 years.....	10	9	19	258	309	567
From 70 to 80 years.....	4	8	12	142	175	317
From 80 to 90 years.....		1	1	29	56	85
Unascertained.....				5	2	7
Total.....	48	47	95	1,600	1,523	3,123

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	29	49	78
One to three months.....	21	14	35
Three to six months.....	15	19	34
Six to nine months.....	11	9	20
Nine months to one year.....	1		1
One year to eighteen months.....	7	10	17
Eighteen months to two years.....	5	3	8
Two to three years.....	4	8	12
Three to four years.....	3	3	6
Four to five years.....	1	2	3
Five to ten years.....	7	6	13
Ten to fifteen years.....		3	3
Fifteen to twenty years.....		1	1
Unascertained.....	17	25	42
Total.....	121	152	273

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	10	12	22
One to three months.....	13	33	46
Three to six months.....	27	20	47
Six to nine months.....	14	19	33
Nine months to one year.....	7	21	28
One year to eighteen months.....	18	19	37
Eighteen months to two years.....	23	14	37
Two to three years.....	30	29	59
Three to four years.....	35	35	70
Four to five years.....	26	24	50
Five to ten years.....	90	124	214
Ten to fifteen years.....	65	52	117
Fifteen to twenty years.....	21	173	194
Twenty to thirty years.....	28	64	92
Thirty years and upward.....	7	20	27
Total.....	414	659	1,073

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physicians, law- yers, architects, artists authors, civil engi- neers, surveyors, etc.	4	.....	4	143	13	156
Commercial: Bankets, merchants, ac- counrants, clerks, sales- men, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	29	.....	29	743	4	747
Agricultural and pastoral: Farmers, gardners, herds- men, etc.....	3	.....	3	118	.....	118
Mechanics at out- door vocations: Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc...	30	.....	30	644	.....	644
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	16	.....	16	782	2	784
Domestic service: Waiters, cooks, servants, etc.....	3	52	55	132	1,257	1,389
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	60	60	31	2,174	2,205
Commercial: Shopkeepers, sales- women, stenographers, typewriters, etc.....	8	8	22	54	76

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TABLE No. 17— (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		8	8	84	296	380
Miners, seamen, etc.....	3		3	90		90
Laborers.....	19		19	1,088		1,088
No occupation.....	13	24	37	220	263	483
Unascertained.....	1		1	354	679	1,033
Total.....	121	152	273	4,451	4,742	9,193

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TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arabia.....				2		2
Austria.....	1	3	4	39	32	71
Australia.....				2	2	4
Africa.....				1	2	3
Azores.....					1	1
Bavaria.....				5		5
Belgium.....				4		4
Bohemia.....	1		1	1	1	2
Born at sea.....				1		1
Canada.....	1		1	56	37	93
Canary Islands.....				2		2
China.....				10		10
Corsica.....				1		1
Denmark.....	1		1	19	14	33
England.....	6	7	13	179	159	338
Finland.....				8	5	13
France.....				21	21	42
Germany.....	18	13	31	623	602	1,225
Greece.....				1		1
Holland.....	1		1	7	6	13
Hungary.....		1	1	21	21	42
Iceland.....				1	1	2
India.....					1	1
Italy.....		5	5	71	53	124
Ireland.....	25	41	66	738	1,104	1,842
Japan.....				3	1	4
Madeira.....					1	1
Mexico.....				1		1
Norway.....	3	1	4	53	39	92
Newfoundland.....				1	1	2
Nova Scotia.....				3	1	4
Poland.....				28	22	50
Prussia.....				1	1	2
Roumania.....				7	2	9
Russia.....	4	5	9	66	90	156
South America.....				2	2	4
Shinnecock Indians.....					1	1
Scotland.....				51	40	91
Spain.....				9	2	11
Sweden.....	1	1	2	77	97	174
Syria.....		1	1		1	1

SEVENTEENTH ANNUAL REPORT OF THE
LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18— (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Switzerland.....				16	11	27
Turkey.....				2	4	6
United States.....	57	74	131	2,001	1,714	3,715
Wales.....	1		1	5	4	9
West Indies.....	1		1	14	11	25
Unascertained.....				298	635	933
Total.....	121	152	273	4,451	4,742	9,193

Of the total number admitted since the 1st of October, 1888, the parents of 71.62 per cent were both of foreign birth.

In 3.42 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.68 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES.	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	268		
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....			
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	5		
Rensselaer.....			
Richmond.....			
Rockland.....			
St. Lawrence.....			

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....
Schenectady.....
Schoharie.....
Schuyler.....
Seneca.....
Steuben.....
Suffolk.....
Sullivan.....
Tioga.....
Tompkins.....
Ulster.....
Warren.....
Washington.....
Wayne.....
Westchester.....
Wyoming.....
Yates.....
Soldiers' Home.....
Total.....	273	.....	.....

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC		
	Men	Women	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	396	639	1,035
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
New York.....			
Nassau.....	3	5	8
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	6	4	10
Rensselaer.....			
Richmond.....			

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	9	11	20
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Unascertained.....			
Total.....	414	659	1,073

TENTH ANNUAL REPORT

OF THE

KINGS PARK STATE HOSPITAL

AT

KINGS PARK

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1905

OFFICERS

1

Board of Managers

JOHN THATCHER, President.....Brooklyn
CHARLES E. TRALE, Secretary.....Brooklyn
SILAS B. DUTCHER,.....Brooklyn
JOHN ROONEYBrooklyn
MARY M. ACKERLY.....Northport
ALEXANDER C. SNYDER.....Brooklyn
Vacancy.

Treasurer

WM. AUSTIN MACY.....Kings Park

Purchasing Steward

FREDERICK A. WHEELER.....New York

Attorney

MARCUS R. CAMPBELL.....Brooklyn

Resident Officers

WM. AUSTIN MACY, M. D.....Medical Superintendent
GEORGE O'HANLON, M. D.....First Assistant Physician
ARTHUR J. CAPRON, M. D.....Second Assistant Physician
DEWITT C. MACCLYMONT, M. D.....Assistant Physician
WILLIAM H. HAGENBUCH, M. D.....Assistant Physician
JOHN I. MCKELWAY, M. D.....Assistant Physician
WALTER H. SANFORD, M. D.....Assistant Physician
THEODORE W. SIMON, M. D.....Assistant Physician
ANNA CRAIG, M. D.....Woman Physician
NISHAN A. PASHAYAN, M. D.....Junior Assistant Physician
AARON J. ROSANOFF, M. D.....Junior Assistant Physician
ALBERT E. ULLMAN, M. D.....Junior Assistant Physician
Vacancy.Junior Assistant Physician
Vacancy.Junior Assistant Physician
Vacancy.:Medical Interne

Resident Steward

CHARLES S. PITCHER

Matron

MARIE FERBIER

Consulting Staff

SMITH ELY JELLIFFE, M. D.....Neurology
REGINALD M. RAWLS, M. D.....General Surgery
WARD A. HOLDEN, M. D.....Ophthalmology
FRANK QUACKENBUSH, D. D. S.....Dentist

REPORT

To the State Commission in Lunacy, Albany, N. Y.:

Gentlemen—In compliance with section 33, paragraph 6 of the Insanity Law, the board of managers of the Kings Park State Hospital respectfully present the annual report for the said institution, for the year ending September 30, 1905, which report embraces the 10th annual report of the hospital, as detailed at length in the report of the superintendent, which is forwarded herewith.

Following the provisions of the law, the managers would report that visits to the Kings Park State Hospital have been made, as shown in the following table, which mentions in detail the dates of the several visits and the names of those making the visits.

This report is as follows:

DATE	NAME
June 30, 1905.....	Mary M. Ackerly John Rooney
July 29, 1905.....	John Thatcher Charles E. Teale Mary M. Ackerly John Rooney Silas B. Dutcher
August 12, 1905.....	John Thatcher Charles E. Teale Silas B. Dutcher
August 26, 1905.....	John Thatcher Charles E. Teale Mary M. Ackerly John Rooney
August 30, 1905.....	Charles E. Teale
September 26, 1905.....	John Thatcher
September 30, 1905.....	John Thatcher Charles E. Teale Silas B. Dutcher Mary M. Ackerly John Rooney

Besides the data given above, which we assume are required by the law, the managers would respectfully refer the Commission to the

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

various monthly reports that have hitherto been presented for such further detailed information in the matter of results, suggestions, etc., as are presumably referred to in the wording of the law.

Further than this they would state that, inasmuch as the present board of managers has been in charge of the Kings Park State Hospital for only a comparatively few months, they feel a decided preference for making but few suggestions at this time and would, therefore, forward herewith to the State Commission in Lunacy, the report of the superintendent of the hospital, containing the historical statement of the results of the year, together with the usual tables, etc., and the statement concerning the various improvements and betterments that are desired for the hospital, as money can be obtained for the same, and would respectfully request such consideration as may be possible for these matters, under the circumstances, and with such funds as may become available to the Commission.

Respectfully,

JOHN THATCHER

President

CHAS. E. TEALE

Secretary

Committee for the Board of Managers

REPORT OF THE SUPERINTENDENT

To the Board of Managers of the Kings Park State Hospital, Kings Park, Suffolk County, N. Y.:

Gentlemen—In accordance with the provisions of the Insanity Law, as amended by the Laws of 1905, I herewith submit the 10th annual report of this hospital, now known under the change in the law of this year, as the Kings Park State Hospital.

I would respectfully draw attention to the fact that with the passage of chapter 490 of the Laws of 1905, the boards of managers of the State hospitals have been reestablished, and the report of the superintendent is to the said board instead of the Lunacy Commission, as previously. It is hardly necessary to go into the changes affected by the provisions of chapters 490, 497 and 693 of the Laws of 1905, as the said laws themselves form the best record of the changes brought about in the management of the insane in this State to date. At the time of the writing of this report there still remains one vacancy upon the board of managers, caused by the declination of Mrs. Frank B. Pratt, who was appointed to the position of manager by the Governor.

There having been no special form for this year's report prescribed by the State Commission in Lunacy, as referred to in the law, I will follow the usual form of the previous reports in the wording of the report of this year, and the first caption that we come to under the headings of the previous reports is "Movements of Population."

MOVEMENT OF POPULATION

	Men	Women	Total
Number of patients remaining in hospital			
October 1, 1904.....	1,155	1,671	2,826
Number admitted during year.....	278	316	594
Number discharged recovered.....	93	96	189
Number discharged improved.....	41	33	74
Number discharged unimproved.....	43	298	341
Number discharged not insane.....	3	...	3
Died.....	114	128	242
	<hr/>	<hr/>	<hr/>
Total number discharged, including deaths.....	294	555	849
	<hr/>	<hr/>	<hr/>
Daily average population.....	1,168	1,683	2,851
Remaining October 1, 1905.....	1,139	1,432	2,571
	<hr/>	<hr/>	<hr/>

KINGS PARK STATE HOSPITAL,—ANNUAL REPORT

Forty-eight were transfers from other hospitals, 546 were direct admissions from their residences and Kings County Hospital.

Of the number discharged, 312 were transferred to other institutions, 241 being sent to Rochester State Hospital and 42 tubercular cases to the Binghamton State Hospital.

Sixteen patients were deported by the immigration department as aliens.

Eight patients were returned to their homes in foreign countries by their friends, and 10 were returned to foreign countries by the State Commission in Lunacy.

Thirteen were taken to other States by friends and three by the State Commission in Lunacy.

GENERAL CONDITIONS

The health of the various people at the hospital during the past year has in general been fairly good. There have been no fatalities. During the early spring we seemed to have a slight difficulty in getting as much drinking water as we previously had drawn from our wells, and some of the water was a little muddy for a time, but the water seemed to be pure and of good quality, and no ill health resulted from it. During the last of the year a number of cases of typhoid fever developed and at the time of the writing of our report last month to the board of managers there were nine cases in the hospital. In looking over the records of the institution for a number of years we find that every fall there have been a half dozen or more cases of typhoid fever, and it has seemed impossible to tell how this trouble has been brought inside of the hospital. Possibly with more or less of this disease occurring occasionally in outlying districts from which we bring our patients, and, as it has occurred in cases of this year, when we have understood there has been more or less typhoid fever in portions of the city of Brooklyn, from which we draw our patients, and where our employees would be more or less likely to visit, it is not strange that we should have had the number of cases of typhoid fever mentioned.

The recovery rate based on admissions for the past year, less transfers from other hospitals, is 34.6 per cent. I note with great pleasure the high recovery rate, though I am inclined to think it is in part due to the fact that during the last of the year we have not been receiving cases, because of the excessive overcrowding which attained during the early summer and which led to the Commission in Lunacy authorizing us to discontinue receiving general cases until the overcrowding was diminished, and from the fact that we were probably

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

fortunate in having a rather larger number of favorable cases than might have been usual under other circumstances. I would feel very glad indeed if I thought we could justly lay claim to an annual recovery rate which would be as high as the one noted. But a long experience in the care of the insane has, I must confess, led me to be somewhat skeptical as to the continued maintenance of a high recovery rate, where we draw the class of cases that we do at this institution from a large city population. I can, therefore, only hope that the excellent results of this year may be duplicated the coming season, and that with all others interested in the subject of the care of the insane, as time goes on, we may find means by which we can permanently increase the recovery rate for all of the hospitals for the insane very materially. Of the new admissions, 10 cases have previously been discharged recovered from this or other hospitals.

TRAINING SCHOOL

The general work of the training school for the past year has continued along the same lines as have been previously followed in this and other of the State hospitals of this State. There were 22 members in the graduating class, and the average standing at the final examination for the entire class was 93 per cent on an examination conducted by the State hospital board of examiners. The same arrangement in regard to having detachments of our nurses serve a three months course at the Brooklyn Hospital has been followed, as previously, and we have also been able to effect an arrangement for a similar class of nurses with the Manhattan Eye, Ear and Throat Hospital of New York city.

I would respectfully call attention to the curriculum of the training-school class, which is printed by the State on a separate form, and which I know is each year of considerable interest to the members of the board of managers and to us all. The continued good work of the training schools of the State hospitals is a matter of much satisfaction to all interested in the State work, and the hospital has been very much pleased that we have again and again been able to help out members of the profession in the surrounding districts with trained nurses for both medical and surgical cases, and to have found that without exception these nurses seemed to have given excellent satisfaction where employed.

METHODS OF TREATMENT

While the above caption is usually inserted, it is very hard to outline very particularly the various advances in treatment that come

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

from year to year in the care of the insane. In a general way, it includes the routine ward and special treatment of medical and surgical cases, the work of the training school, increased facilities for doing better nursing, an improvement in the class of attendants, their capacity for high-grade work, and, among other particulars, improvements in methods of occupation for the insane, sanitation, hygiene, etc. It is scarcely necessary to say that all of these matters have received, and do receive, considerable attention in this, as in all modern hospitals for the insane. But, as we look back over the happenings of the entire year, it is rather difficult in the absence of any wide departure to note, except in a general way, special instances which we desire to signalize. The high ratings of our nurses, as shown by the examinations, must be a matter of considerable satisfaction to us all. The increase in the amount of work done in the operating rooms and laboratory, although slow, has also been a matter of considerable satisfaction, and we enter the coming year with a feeling that the work is better organized than ever, though we hope with each succeeding year the same feeling may still prevail, and I believe in this respect we are only noting a general condition which has been constant, now for many years, in all of the State hospitals of the state of New York.

Dr. R. M. Rawls and Dr. George Franklin Shiels have assisted during last year gratuitously in the surgical work of the hospital, and their frequent visits to the hospital has been a matter of great gratification to us, and their work has been very highly successful indeed, the results comparing, I think, with those of any general hospital. Dr. Ward A. Holden has continued during the past year to assist us in the capacity of oculist, and Dr. Frank Quackenbush has continued to do the dental work of the institution. To all these gentlemen our thanks are heartily accorded for the cooperation shown by them in connection with our manifold duties.

OVERCROWDING

I am very glad, indeed, to confirm the reports previously made to your board of the relief in the overcrowding afforded us during this year by the Lunacy Commission. Some time ago when the question of abandoning certain of the buildings at the Long Island State Hospital at Flatbush, which reverted to the city under the original terms of the contract between the State and the city of Brooklyn, came up, the Lunacy Commission authorized us to send 241 of our patients to the Rochester State Hospital to fill vacancies there, brought about by the erection of new buildings at the said institution.

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

Shortly prior to this they had also authorized us to discontinue admitting new cases generally, though we have occasionally taken a special case where the commitment papers had been made out to this hospital through error, or where the patient was offered at the particular request of friends who were especially desirous of having the patients in this particular hospital, etc. The result is that from a census of 2,924 on July 12th, our census was reduced on September 30th to 2,571. It is the intent of the Lunacy Commission, as expressed by them in their correspondence with myself, to allow us to run with as many vacancies as possible until the completion of the new nurses' home at this institution, which in turn, by reason of this being filled with employees who are now occupying quarters on the various wards in the different buildings, will enable us to have additional room to be filled by the patients who will be sent here from Flatbush in exchange for those previously sent by us to Rochester, so that even with the filling up of the vacancies caused originally in this way we will still remain with a much smaller population than we were carrying prior to the initial movement in this direction by the Lunacy Commission. We can recognize very easily the difficulties that meet the Lunacy Commission in trying to reduce overcrowding throughout the State, and I take much pleasure in recognizing at this time the consideration that has been shown us in this matter.

AMUSEMENTS

We have had practically the same repertoire of amusements during the past year as previously. There have been band concerts during the week and Sunday afternoons and in the amusement hall on Saturday afternoons. Patients' weekly dances have occurred as usual, and dramatic entertainments have been given as the means of the institution has permitted. At Christmas time there was a very ready response from the friends of the patients to our appeals, which have now become usual, for funds or donations to brighten the Christmas season for the patients at the hospital, and we were greatly pleased indeed at many special cases that came to our notice of voluntary contributions on the part of those who were already providing for their own friends here, but who took much pleasure in assisting, by contributions of money or gifts, to brighten the lot of others who were not as fortunate as their friends. Instances of this kind where people of very moderate circumstances contributed very liberally in order that the pleasure of many others here, whom they thought were without friends, could be enhanced, and

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their desire to do in this way, was a very pleasant reminder of the spirit of sympathy which runs so commonly through all of our people, and which is so very ready in its response when properly aroused.

GENERAL WORK, GROUNDS, ETC.

The work of the patients on the grounds, farm and in the gardens, handling of coal and supplies and other miscellaneous work about the institution has been carried out in the same manner as in past years. Quite a little new grading has been done to beautify the grounds, and a further advance has been made in terracing the banks on the north side of the road at the west reservoir. A little piece of woodland south of the public school building between the reservoir and the town was cut down, and the ground somewhat improved and cultivated. There is still much to be done to render the portion of the grounds toward the railroad station as attractive as would be desirable in an institution of the size of this hospital, but we hope that each year will see its quota of achievement duly recorded. We regret that the immediate approach for the railroad is as unattractive as is now the case, by reason of the small buildings and the dirt and litter in the street, for which the hospital is unaccountable.

We feel that a mistake was originally made in not securing the property at that end so that when visitors came off the train to come to the institution, their first impression would be that of a pleasant nature and they might admire the orderly entrance directly to the grounds. The character of the buildings covering the property at this point, in my opinion, is not likely to be of much advantage to the growth of the town itself, and while many might think that the neighborhood of a State hospital would be a detriment, as far as the value of real estate was concerned, these conditions would be very materially improved if the property itself was more compact and better protected on its outskirts from sources of trouble and annoyance. It seems rather peculiar, too, that on the side of the hospital, the State should have conceded that a public school should be given land which is actually a part of the State hospital property, to have a building for a schoolhouse placed thereon, where it would necessitate the going and coming over the roads, drives and property of the State hospital itself, of the children of various of the residents of the community. There is a material objection on the part of the hospital, because of the danger to these children, as so many of our patients are coming and going on the grounds which are and should be restricted to their own uses, and I hope some day the schoolhouse can be removed to other property beyond our immediate enclosure,

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where the same objections, even if an equal amount of State property was given to it, would not apply. The land that the hospital owns beyond the railroad station, say in the proximity of the Methodist church, would be of much more value for schoolhouse purposes, or as real estate, and could the building be moved to such site, it would seem to me that it would be more convenient for all concerned. It is unfortunate that in the location of this State hospital property, the grounds should have been so placed that public highways approach as near to the buildings, and that by reason of this location, the main driveway through the grounds forms the most convenient road to and from the railroad station for many of the people in the community. While there are many advantages to be derived from publicity, and the hospital is always ready to welcome proper visitors to its buildings and grounds at proper times, it seems peculiar that it is virtually deprived of any actual privacy at other times by reason of these conditions. This does not materially interfere with the running of the institution at present, and I am very glad to state that the people of the surrounding communities have cooperated very nicely with the hospital, so that there is a minimum of objection to having its grounds so constantly thrown open. I refer, therefore, to this matter more for the reason that the day is likely to come when by reason of the settling up of the surrounding district with a larger number of residents, etc., the matter referred to will then be one of considerable importance, and before such a state of affairs does come about, it would be a material advantage to the hospital to change some of the minor conditions which now apply.

It is quite proper at this point to speak of the fact that owing to the irregular outline of the hospital property, some 830 to 850 acres in extent, there are a number of very small pieces of real estate contiguous to the hospital property, which remain between us and other property, which is liable to remain for a long time under one control. If these small pieces of real estate could gradually be secured by the state of New York, it would tend to prevent in the future, troubles that arise by reason of too close proximity of small owners who might use their premises for purposes objectionable to the State. The references that I make in this way are all matters that I feel would be looked upon in much the same manner by any business man who would carefully consider the subject in all its bearings. On the north and east sides of our property particularly, there are two or three small pieces of property, varying in size from an acre or two, to possibly 10 acres in extent, which in my opinion ought to be secured by the State for the proper protection of its own interests, a further

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reason for this being that on this side of the property, the next land of any quantity, and practically having a boundary contiguous with our own for a long distance, is the property belonging to the Society of St. Johnland, whose interests in this matter would be virtually the same as our own.

MATERIAL IMPROVEMENTS

Under the general fund appropriation and upon the maintenance estimate there have been various material improvements during the past year, from among which we will chronicle the following as being worthy of notice:

Thirty-two new bread delivery boxes have been supplied to the bakery.

One telephone testing set has been secured.

The wornout rubber matting in the dynamo room has been replaced with linoleum.

A portion of the tin roof on the cold storage building, which was blown off in a storm, was replaced.

A governor and governor wheel, complete, was supplied on one of our dynamo engines at a cost of \$404. and the bearings were adjusted and refitted on another engine at a cost of \$65.

One wrought steel French range was purchased for the use of the staff in cottage G at a cost of \$79.

Eight hundred feet of fire hose, 33 dozen hand grenades, 152 hand grenade racks, and 38 fire extinguishers were secured for additional fire protection.

Considerable expenditures were made for Neemes circular grates and bearing bars, to replace those worn out at the boiler-house.

Glass partitions were put in the superintendent's office and will be supplied later for the first assistant physician's office.

One of the armatures was re-wound and the commutator re-turned on one of our dynamos.

Furniture for a guest room in A center was secured.

Carpet for certain of the rooms in cottage G for the staff was secured.

Considerable new window furniture and window shades was purchased.

New carpets, linoleum, etc., for the old portion of the superintendent's house, except the library on which there was good carpet, were secured, and there was also some upholstering for certain of the old furniture in that building.

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New linoleum was secured for the bathroom, kitchen and scullery at cottage G for the staff.

Material has been secured for making changes in the cold storage meat rooms by building a vestibule, putting on extra cork insulation and changing part of the overhead track in order to prevent the present moisture on the ceiling and walls. The allowances for this purpose were made early in the summer, but the hot weather increased so rapidly that we felt that it was more prudent to wait until cold weather again set in before taking the risk of spoiling the supplies, etc., by reason of the amount to which we would have to have the rooms open while making these changes.

The work of repairing furniture was changed from the old carpenter shop to the basement of the building known as the Group, and by the use of patient labor we have been able much more easily than ever before to keep up the repairs to the furniture of the entire hospital.

A great amount of re-caning of chairs has been done with material secured on various estimates, and the condition of our various furniture, by reason of these repairs, has been considerably improved, as well as because of allowances made us for furniture to supply deficiencies.

The note above referring to new window furniture and window shades, etc., is hardly complete without stating that previously the system had been followed of only estimating once in a while for the replacing of window shades, while we have changed to estimating regularly three or four times a year to try and replace all shades at such times as have become considerably damaged and worn. The allowances made us have enabled the hospital to improve in appearance considerably.

A wheel chair has been secured for use on hospital ward 48.

The supply of sheeting has been materially increased to meet certain deficiencies and the allowances made by the Commission have enabled us to materially improve the patients' clothing.

The main steam line leading to the refrigerating plant has been repaired.

Non-friction guides have been secured for use on the band saw at the carpenter shop, and this is showing for itself at once in the saving of broken blades, which heretofore occurred.

The paint on various of the wooden cottages, where it was peeling off, has been re-touched, and also more or less painting has been done where changes were made to these buildings because of the introduction of new plumbing, which is being installed and is now almost completed.

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The re-plumbing referred to includes all of the mens' and womens' cottages, and while the last bills have not yet been passed we report with considerable pleasure a great improvement in these buildings affected by this change. The work was done under a general contract with Richard T. Ford, of Rochester, N. Y., and in the wash rooms and bath rooms an artificial stone flooring was put down by us under separate contract. This flooring seems to be hard, and may prove durable, and was recommended to us as one of the best of its kind, but I regret to state that the finish is apparently very inferior to the Crown flooring furnished at Central Islip and in some of the other hospitals, as far as its general appearance is concerned. This matter is now under adjustment with the company that furnished the flooring, and we hope that if possible a much better finish can be had, on account of the general appearance.

Combustion chambers for six h. t. boilers at the main boiler-house have been re-lined and party walls repaired.

One new extra heavy coil for the refrigerating plant has been purchased and installed. One or two others are giving out and we are commencing to have considerable trouble because of the action that the water seems to have on the pipes, presumably because of the presence of lime. This trouble is likely to cause some little expense to us hereafter, and we have been advised to install in place of the pipe taken out piping that has been galvanized before being used, and we trust that this may lessen the expense hereafter.

Material for 100 new laundry bags has been secured.

A new 45-foot extension fire ladder has been purchased.

A new Queen Acme portable testing set. has been purchased for the electrical department.

Estimates have been allowed and part of the material received for improving the food service in the wooden cottages and male dining hall, including 11 plate warmers to be installed, 10 institution food carriers to be furnished for sending out cooked food from the kitchens, supplied with asbestos coverings and material for introducing heat underneath the food, and 26 jackets have been provided to place on tin cans for keeping the food warm furnished in them, all of which we think will result in a very material improvement in the food service of the hospital.

Estimates have been allowed to the amount of \$594 for improving the heating in the four brick buildings, by making certain repairs to the brick work around the windows, etc., to keep out cold air.

Estimates amounting to \$456.41 have been allowed for improving the heating in ward 46 at the Group, and work will soon be begun.

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Work is under way, for which estimates to the amount of \$417.14 have been allowed, for renewing parts of tin roofs of the wooden cottages over the sitting-rooms and piazzas, also for renewing the siding where necessary and putting in new window-sills where required in men's and women's cottages to prevent water from beating in in stormy weather and damaging the walls, etc.

Material has been allowed and work is under way in constructing a new oilhouse and the enlargement of the old house by means of this will enable us to carry combustible material more safely.

Material for repairing the lower greenhouse was allowed and work completed.

Four additional radiators were supplied to replace damage to the heating system at the Group.

A 100-line Express type switchboard has been allowed to take the place of the old one, which was giving very unsatisfactory service, and certain other matters in connection with the telephone service, etc., were allowed at an estimated cost of about \$500.

Many of our beds have been repaired by providing woven wire mattresses for them.

Awnings for the sun verandas on wards 6 and 8 were supplied which will make the solariums much more comfortable for the patients during warm and sunny weather.

Considerable new carpet, furniture, linoleum, etc., has been allowed for different wards and buildings.

Under special fund estimate 635, Laws of 1904, the following work has been provided:

The contract for electric cable has been completed.

An extension to the superintendent's house has been built, heated, the necessary wiring, plumbing, etc., put in and the house painted and furnished.

The steam returns to buildings A, B, C and D have been improved.

Material for needed repairs to cottages G, H, 27 and the tailor shop has been purchased.

The Group boiler-house has been enlarged.

A washstand for wagons at the stable has been built and additional equipment for the stable purchased.

An extra room has been built at the coach barn in which to rub down horses.

A portion of the floors in buildings A, B, C and D has been relaid.

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A considerable amount has been expended for furniture, bedsteads for wards, and other furniture for dormitory, building C, furniture for treasurer's office, building B, additional furniture for dining-rooms, Group, and for the electric diet kitchens.

The isolation cottage for infectious and contagious diseases has been completed.

Expenditures to the amount of \$61,148.37 have been made for the new nurses' home.

New stays have been purchased and installed in the coal bunkers at the main boiler-house.

Transformers in buildings A, C and D have been placed in more suitable locations.

A feed water regulating valve has been secured.

Certain repairs have been made in the steam conduit.

Expenditures to the amount of \$11,620.50 have been made to the plumbing in the wooden cottages.

Most of the electrical system has been gone over.

New heating in the offices and physicians' quarters at the Group has been installed.

A new safe has been purchased for use in the treasurer's office.

Additional light has been provided in the shoe shop and mattress shop.

The back stairways of buildings A, B, C and D have been painted.

Steam heat has been installed in the former butcher shop, which has been fitted up as a room in which to clean vegetables during cold weather.

Rain baths have been installed in cottages 20, 24 and 30.

A new voltage regulator has been secured.

A railroad track for grading has been secured.

Considerable land has been reclaimed by clearing and brought under cultivation. Considerable filling has been done in the large marsh at the main boiler-house. Much grading has been done around the Group and at the reservoir.

The two lower reservoirs have been emptied and are now nearly cleaned out. Much gutter has been relaid and roads repaired and reloaded.

Many catch basins have been repaired and the drainage of the grounds around the buildings much improved..

Considerable excavating and grading has been done at the nurses' home, while new work is under way at the laundry and elsewhere.

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SUGGESTIONS AS TO FURTHER NEEDS, DESIRABLE IMPROVEMENTS, ETC.

The following items are submitted for consideration under the heading of further needs, desirable improvements, etc. We trust that funds may be allotted for as many of these as possible during the coming season. The items are not submitted with the idea of having all of them granted, because we hardly expect that sufficient funds are available for this purpose, but all of the matters mentioned are considered necessary for the improvement of the hospital service, and we trust that those that are not allowed during the present year may be acquired in time.

Building for industries, steam heat, light, electrical connections and finished cellar, which might be used possibly in place of the root cellar asked for elsewhere. We assume that a four-story building, with basement made of cement, etc., would cost \$26,000. We have allowed \$4,000 for heating, lighting, cables, shafting, etc., necessary to fix up the building.....	\$30,000 00
Betterment of scullery accommodations at Group.....	3,500 00
Disinfecting chamber, steam machine, five feet in diameter, circular type, etc., including building and machine; to be placed in connection with the laundry	1,900 00
Additional window-guards for Group. The windows of the lower floor of the new Group should be provided with window-guards. Owing to lack of guards we are unable to have the windows on the lower floor opened more than five inches, where they are blocked, and during the summer the patients and employees suffer very much from the heat and poor ventilation which results. Two bids have been secured on the window-guards, one of \$2,838, and the other for \$2,348.40. We, therefore, would request an allowance of \$2,500 for this purpose	2,500 00
Fly screens for dining-rooms, hospital wards and acute and convalescent services.....	801 25
Sewage disposal system.....	30,000 00

Permanent boiler-house instead of auxiliary plant at Group. Under the present operation of the steam plant, with the main boiler-house as far away from the points of distribution as is the case at present, there is a very considerable loss of heat through radia-

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

tion, which loss in a yearly aggregate must be a very considerable one to the hospital. Inspectors passed six of the h. t. boilers at the main boiler-house conditionally upon certain repairs being made for the time being, but with the understanding that further repairs would have to be made in 1906. These repairs were stated to us as necessitating the entire resetting of these boilers, which would cost between \$3,000 and \$3,500. The cost of moving the boilers from their present location to the site of the temporary boiler-house near the Group would be approximately \$4,000, but if they were taken down and reset during the next year it would not be long before they would again have to be removed, in order that the hospital might receive the full benefit in the change in location, for the reason that the auxiliary boiler-house is not located at the point of most considerable advantage. It is important that whenever the State is ready to take up this matter a permanent boiler-house be erected for heating purposes at a position conveniently located to the north and east of building C, as, at that point, it will be most easy to get back the returns from condensation by gravity, but in effecting this a complete change in the heating system, as far as the heating of the buildings is concerned, would have to be effected. This change would enable us to supply the principal part of the steam used much more directly and with greatly increased economy, while the old plant could be used for furnishing the small amount of steam used at the eastern end of our grounds, for the laundry and other buildings at that point, as well as for electric lighting, and any change of this kind would have to be taken into consideration, with such plans as might be projected for the future, especially if it was determined to construct any more buildings for patients at Kings Park. These matters are mentioned in order that the advantages to be obtained can be considered in connection with the matter of such necessary repairs as will undoubtedly have to be made to meet the actual present needs of the hospital.

For constructing two cement walks, one on each side of boulevard, from building A to upper end of boulevard, a distance of 5,600 feet; walks to be five feet wide and four inches thick including top coating; labor to be done by hospital employees and patients

Two Kirker-Bender fire-escapes for ward 45.....

One Pennsylvania dish-washing machine.....

Outside lighting. The hospital grounds have never been adequately lighted and no special provision has been made.....

\$2,800 00

1,400 00

700 00

8,000 00

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Electric lights for attics of buildings A, B, C and D.

Ten electric lights to be placed in each of the attics, with two controlling switches so that all lights can be controlled from the stairways in each end of the buildings \$500 00

Electric lights for the basements of buildings A, B, C and D. Ten lights in the basement of each building 600 00

The above additional electric wiring is deemed necessary for fire protection, as when the lightning set the cupola of building A on fire it was found very difficult to cope with the fire from the inside of the building on account of there being no electric lights in these attics.

Changes in employees' quarters at main stable and dairy barn \$2,500 00

Purchase of Burr property 15,000 00

Electric cloth cutter with four-inch knife for tailor shop 325 00

New ceilings, walls, etc., at storehouse. The old portion of our storehouse needs fitting up with fixtures; there should be a ceiling put in, walls plastered and provisions made for keeping out the rats, which are very troublesome 400 00

Steel ceiling, new walls, and other general repairs in cottage used by employees as a club house 900 00

Additional building for acute and hospital cases 80,000 00

Amusement hall 12,000 00

Administration building and additional accommodation for medical staff

Painting all the men's and women's cottages, cottages G, H, I and J, dairy barn, male dining-hall and amusement hall 2,150 00

Furniture, carpets, linoleum for buildings A, B, C, D, Group and cottages 1,022 65

SPECIAL REMARKS

Between October 5 and November 10, 1904, several fires occurred at this hospital that were undoubtedly of incendiary origin, as they occurred in different buildings, several taking place within an hour or two, on one or more occasions. A close watch had to be kept for an indefinite period, and we are of the opinion that it must

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have been due to our having had someone here who had the tendencies of a so-called pyromaniac. No material damage was done to the hospital and no lives were lost, on account of the prompt alarms given.

VISITORS

The hospital has been visited by the State Commission in Lunacy; the members of the board of managers, the members of the board of visitation; Homer Folks, Miss Clark and Rev. J. C. York of the State Charities Aid Association; G. L. Heins, State architect; Dr. W. H. Hattie, superintendent Nova Scotia Hospital for the Insane; Dr. G. A. Smith, superintendent Central Islip State Hospital; Dr. E. C. Dent, superintendent Manhattan State Hospital; Dr. T. J. W. Burgess, superintendent Protestant Hospital for the Insane, Montreal; Dr. M. S. Gregory, Bellevue Hospital, New York City; Dr. Adolf Meyer, director Pathological Institute; Dr. Charles G. Wagner, superintendent Binghamton State Hospital; Dr. William L. Russell, State medical inspector and Dr. Tolfree, U. S. A.

ACKNOWLEDGMENTS

The Greenport Watchman, Brooklyn Citizen, Brooklyn Eagle and the Northport Journal have been regularly received and much appreciated. Contributions of reading matter, papers, etc., have been received from Rev. John C. York, of Huntington, which were greatly appreciated.

RESIDENT OFFICERS,

The following changes among the resident officers have occurred during the past year:

Dr. Adolph Stern, junior physician, resigned January 16, 1905.

Dr. John R. Harding, assistant physician, resigned March 1, 1905, to accept a position as medical director at Knickerbocker Hall.

Dr. T. W. Simon promoted from position of junior physician to assistant physician on March 1, 1905.

Dr. Paul G. Taddiken, second assistant physician, was transferred to the Long Island State Hospital at Flatbush, March 19, 1905.

Dr. Arthur J. Capron was transferred from the position of second assistant physician at the Long Island State Hospital at Flatbush, to a similar position at this hospital, March 19, 1905.

Dr. Lorten H. Teeter was appointed to the position of medical interne August 11, 1905, and was transferred to the Rome State Custodial Asylum, August 30, 1905.

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Dr. Joseph Collins, consulting neurologist, resigned January 1, 1905.

In conclusion I desire to express my appreciation of the courtesies received during the past year from the members of the board of visitation, the members of the State Commission in Lunacy, the visitors from the State Charities Aid Association and the members of the board of managers, as well as from the various officers and employees of the hospital.

Very respectfully yours

WM. AUSTIN MACY

Superintendent

SEVENTEENTH ANNUAL REPORT OF THE
KINGS PARK STATE HOSPITAL—ANNUAL REPORT
TREASURER'S REPORT

RECEIPTS

Balances on hand October 1, 1904:

Salaries.....	\$135 18	
Wages.....	958 50	
Supplies.....	4,091 26	
		<u>\$5,184 94</u>

Received from State comptroller:

For salaries.....	\$22,900 00	
For wages.....	174,200 00	
For supplies.....	308,541 25	
		<u>\$505,641 25</u>

Received from reimbursing patients..... 21,113 31

Received from steward's sales..... 1,409 33

Received from M. B. Campbell, attorney:

Costs vs. Black	\$25 00	
Costs vs. VanBenschoten.	25 00	
Costs vs. W. DeC. Low..	25 00	
Costs vs. W. H. Drake...	25 00	
Costs vs. D. H. Olmstead.	10 00	
Costs vs. C. Evers.....	25 00	
Costs vs. Nettie Hemming	25 00	
Costs vs. C. R. G. Dill...	25 00	
Costs vs. Rapelye	25 00	
Costs vs. Stetson, Gaffney & Bieber.....	75 00	
		<u>285 00</u>

Received from all other sources..... 220 00

Received from State comptroller for
special fund, chapter 635, Laws of 1904 88,382 62

Received from State comptroller for
special fund, chapter 700, Laws of 1905 7,473 99

Received from L. I. R. R. Co. refund on
special fund, chapter 635, Laws of 1904 5 75

624,531 25

Total receipts..... \$629,716 19

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DISBURSEMENTS

Estimate No. 1.	Officers' salaries.....	\$22,848 52
Estimate No. 2.	Employees' wages.....	174,178 37
Estimate No. 3.	Provisions and stores..	174,055 25
Estimate No. 4.	Ordinary repairs.....	9,736 16
Estimate No. 5.	Farm and grounds	1,524 32
Estimate No. 6.	Clothing.....	16,555 72
Estimate No. 7.	Furniture and bedding	14,067 27
Estimate No. 8.	Books and stationery .	2,826 14
Estimate No. 9.	Fuel and light.....	61,536 93
Estimate No. 10.	Medical supplies.....	3,735 04
Estimate No. 11.	Miscellaneous expenses	14,480 25
Estimate No. 12.	Transportation of patients.....	2,135 36

Total disbursements, estimates 1 to 12 inclusive..	\$511,398 33
To pay State treasurer, sundry receipts under chapter 580, Laws of 1900.....	21,500 31
To pay special fund, chapter 635, Laws of 1904.....	88,382 62
To pay special fund, chapter 700, Laws of 1905.....	7,473 99
	<u>\$628,755 25</u>

Balance on hand.....	<u>\$960 94</u>
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CLASSIFICATION OF BALANCES

Salaries.....	\$186 66
Wages.....	1,059 40
Special fund, chapter 635, Laws of 1904.....	5 75
	<u>\$1,251 81</u>
Supplies—deficit.....	290 87
	<u>\$960 94</u>

GENERAL REVIEW OF STATE HOSPITALS

Medical Service

Number of physicians, including internes.....	13
Ratio of physicians to service.....	1 to 219
Annual per capita cost of medical service.....	\$7.209

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Employees

Total number of employees.....	498
Ratio of all employees to patients.....	1 to 5.725
Ratio of attendants to patients.....	1 to 11.979
Annual per capita cost of all employees.....	\$50.473

Fuel and Light

Total cost.	Per capita.	Total tons	Average price
\$60,624.17	\$21.261	15,959 $\frac{1}{2}$ $\frac{1}{2}$	\$3.798

FARM PRODUCTS FOR YEAR ENDING SEPTEMBER
30, 1905

Article	Quantity	Price	Amount
Asparagus, bunches.....	204	\$0 07	\$14 28
Beets, bushels.....	811	30	243 30
Beans, lima, bushels.....	78 $\frac{1}{2}$	75	58 80
Beans, string, bushels.....	376 $\frac{1}{2}$	50	188 14
Cauliflower, heads.....	947	06	56 82
Cabbage, lbs.....	145,634	50 cwt.	728 17
Carrots, bushels.....	1,308 $\frac{9}{10}$	30	392 67
Corn, sweet, ears.....	69,437	75 cwt.	520 78
Chard, Swiss, bushels.....	241	20	48 20
Celery, heads.....	5,406	03	162 18
Cucumbers, bushels.....	281	50	140 50
Cucumbers, count.....	1,410	75 cwt.	10 58
Egg plant, lbs.....	1,951	03	58 53
Endive, bushels.....	2 $\frac{1}{2}$	40	1 05
Horse radish, bushels.....	1 $\frac{1}{2}$	50	51
Kale, bushels.....	378 $\frac{1}{2}$	50	189 42
Kohl Rabi, bushels.....	10 $\frac{1}{2}$	35	3 78
Lettuce, bushels.....	584 $\frac{1}{2}$	40	233 89
Onions, green, bunches.....	5,885	02	117 70
Onions, bushels.....	89 $\frac{1}{2}$	60	53 88
Onion sets, bushels.....	30	2 00	60 00
Potatoes, white, bushels.....	2,947 $\frac{1}{2}$	50	1,473 92
Potatoes, sweet, bbls.....	90	1 75	157 50
Parsley, bushels.....	3 $\frac{1}{2}$	50	1 80
Parsley, bunches.....	283	03	8 49
Peppers, green, bushels.....	197	75	147 75
Parsnips, bushels.....	146 $\frac{1}{2}$	40	58 57
Peas, green, bushels.....	202 $\frac{1}{2}$	75	151 88
Pumpkin, lbs.....	37,427	5 00 ton	93 57
Rhubarb, lbs.....	26,712	02	534 24

KING'S PARK STATE HOSPITAL—ANNUAL REPORT

Article	Quantity	Price	Amount
Radishes, bushels.....	98½	\$0 75	\$74 10
Radishes, white, bushels.....	58½	75	43 93
Salsify, bushels.....	104½	50	52 27
Spinach, bushels.....	1,103½	25	275 78
Squash, lbs.....	14,940	1 00 cwt.	149 40
Tobacco, leaf, lbs.....	120	25	30 00
Tobacco, leaf, stems, stalks, lbs.....	32,490	05	1,624 50
Turnips, bushels.....	2,455	25	613 75
Tomatoes, ripe, bushels.....	1,753½	40	701 53
Tomatoes, green, bushels.....	170	25	42 50
Apples, eating, bushels.....	303½	50	151 62
Apples, cider, bushels.....	111½	25	27 78
Apples, crab, bushels.....	7	75	5 25
Blackberries, quarts.....	129	07	9 03
Melons, water.....	3,500	10	350 00
Melons, musk.....	1,691	05	84 55
Pears, eating, bushels.....	1	.....	1 00
Pears, cooking, bushels.....	8½	50	4 38
Plums, bushels.....	4½	75	3 37
Peaches, ripe, bushels.....	1½	1 50	2 25
Peaches, green, bushels.....	6½	35	2 33
Raspberries, red, quarts.....	6	08	48
Cherries, quarts.....	367	06	22 02
Beef carcass, lbs.....	15,096	065	981 24
Beef heads.....	30	14	4 20
Beef livers.....	24	33	7 92
Beef hearts.....	24	07	1 68
Beef tongues.....	30	38	11 40
Beef hides, lbs.....	2,215	.....	216 45
Beef tallow, rough, lbs.....	239	03	7 17
Pork carcass, lbs.....	23,309	075	1,643 28
Pigs' livers.....	125	33	41 25
Pigs' hearts.....	144	07	10 08
Pigs' tongues.....	141	38	53 58
Pigs, suckling, lbs.....	22	075	1 65
Pigs' liver.....	1	.....	.....
Pigs' heart.....	1	.....	.....
Veal, lbs.....	230	08	18 40
Calves' liver.....	1	.....	08
Calves' head.....	1	.....	04

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

Article	Quantity	Price	Amount
Calves' hearts.....	2	\$0 02	\$0 04
Calves' tongue	1	.....	09
Calves, sales.....	23	.....	63 05
Eggs, hen's, dozens.....	633½	\$0 20	126 67
Milk, cow's, quarts.....	181,121	0325	5,886 43
Hay, good, tons.....	7 675	12 00	92 10
Hay, mixed, tons.....	18 6925	9 00	168 23
Rye, bushels.....	122½	55	67 38
Straw, wheat, tons.....	23 73	6 00	142 38
Straw, rye, tons.....	8 749	13 50	118 11
Wheat, bushels.....	360	80	288 00
Alfalfa, tons.....	34 17	5 00	170 85
Corn, fodder, green, tons....	25 7775	3 00	77 33
Carrots, tops, tons.....	2 355	2 50	5 89
Ensilage corn, tons.....	230 2525	3 50	805 88
Mangel wurzel, bus.....	2,738½	20	547 72
Oats and peas, cured, tons....	36 43	8 00	291 44
Grass, tons.....	7 3725	1 50	11 06
Bean vines, tons.....	1 91	1 50	2 86
Pea vines, tons.....	3 8175	1 50	5 73
Turnips with tops, tons.....	24 04	3 00	72 12
Cabbage, rough, tons.....	55	3 00	165 00
Beets, with tops, tons.....	23 395	3 00	70 19
Potatoes, cull, white, tons ...	1 825	5 00	9 12
Potatoes, cull, sweet, tons....	15	5 00	75
Parsnips, tons.....	675	3 00	2 03
Kale, second cut, tons.....	1 96	3 00	5 88

Total	<u>\$22,377 47</u>
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STATEMENT SHOWING AMOUNTS EXPENDED UNDER
CHAPTER 635, LAWS OF 1904 AND CHAPTER 700, LAWS
OF 1905 FOR SPECIAL FUND IMPROVEMENTS FROM
OCTOBER 1, 1904 TO SEPTEMBER 30, 1905,
INCLUSIVE

Chapter 635, Laws of 1904

Electric conduits and cables.....	\$5,235 00
Vacuum system of steam heating.....	3,000 00
Extension to superintendent's house.....	2,345 87
Extension to superintendent's house, hot water heating..	771 04

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

Extension to superintendent's house, electrical wiring ..	\$527 27
Extension to superintendent's house, plumbing	458 27
Painting superintendent's house.....	129 08
Furniture, superintendent's house.....	757 14
Electric fans.....	30 00
Steam returns; buildings A, B, C and D	11 09
Repairs to cottages G, H, 27 and tailor shop.....	272 40
Enlargement, Group boiler house.....	1,442 35
Washstand at stable	34 93
Additional equipment for stable	54 60
Extra room at coach barn.....	71 24
Relaying floors, buildings A, C and D.....	1,503 15
Relaying floors, building B.....	1,073 62
Furniture (bedsteads).....	242 26
Furniture for wards.....	102 23
Furniture for dormitory, building C.....	136 90
Furniture for treasurer's office.....	28 50
Furniture for building B.....	50 00
Furniture, additional for dining room.....	22 50
Furniture for Group dining room.....	70 00
Furniture, electric kitchens, wards 5 and 13.....	32 19
Isolation cottage.....	1,606 77
Nurses' home, vouchers.....	\$61,824 78
Retained and paid by comptroller.....	676 41
	<hr/> 61,148 37
Stays for coal bunkers.....	54 64
Moving transformers, A, C and D.....	162 44
Feed water regulating valve.....	62 00
Steam conduit.....	24 66
Building inspector.....	36 65
Plumbing, wooden cottages.....	11,620 05
Electrical wireman.....	240 00
Heating offices and physicians quarters—Group.....	520 77
Telephone to drug store.....	4 52
Safe, superintendent's and treasurer's office.....	467 50
Steam returns, buildings A, B, C and D.....	188 50
Providing more light for shoe and mat shops.....	32 02
Painting back stairways, buildings A, B, C and D.....	57 60
Heating old butcher shop.....	94 31
Architectural draughtsman.....	129 91
Inspector.....	45 05
Rain baths, cottages 20, 24 and 30.....	248 15

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

Telephone to mattress and shoe shops.....	\$5 13
Sanitary floors, wooden cottages.....	450 00
Voltage regulator.....	166 51
Railroad track, for grading.....	62 85
Heating one room, cottage G.....	26 58
Back pay—employees.....	6,787 02
Reimbursing O. M. Dewing, State hospital superintendent	187 50
Reimbursing treasurer's accounts, Wm. Austin Macy....	499 47
Total.....	<u>\$103,330 60</u>

Article	Quantity	Average cost	Per capita
Fresh meats, pounds.....	532,075	\$0.0625	\$11.668
Wheat flour, barrels.....	3,764 118	5.276	6.967
Butter, pounds.....	111,442	.213	8.311
Cheese, pounds.....	19,541	.089	.613
Condensed milk, quarts.....	115,513	.165	6.685
Eggs, dozens.....	52,440	.208	3.827
Tea, pounds.....	7,540	.178	.47
Coffee, pounds.....	33,460	.119	1.420
Sugar, pounds.....	144,568	.053	2.706
Whiskey, gallons.....	152.87	2.05	.11
Coal, bit., tons.....	5	5.50	.01
Coal, stove, tons.....	649 1	5.599	1.276
Coal, pea and buckwheat, tons....	15,305 118	3.722	19.979
	<u> </u>	<u> </u>	<u> </u>

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904.....	1,155	1,671	2,826
Admitted during year ending September 30, 1905.....	278	316	594
On original commitments, from Kings county hospital and residences.....	263	283	546
From county houses.....	.....	.....	.....
By transfer from other institutions for the insane.....	15	33	48
Total number under treatment.....	1,433	1,987	3,420
Daily average population.....	1,168	1,683	2,851
Capacity of institution.....	996	1,424	2,420
Discharged during the year:			
As recovered.....	93	96	189
As improved.....	41	33	74
As unimproved.....	43	298	341
As not insane.....	3	.....	3
Died.....	114	128	242
Total number discharged during year.....	294	555	849
Remaining October 1, 1905.....	1,139	1,432	2,571

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	October 1, 1895
Total acreage of grounds and buildings.....	889.74½
Value of real estate, including buildings.....	\$3,802,340.56
Value of personal property.....	\$188,275.47
Acreage under cultivation.....	241½

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$5,184 94
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	505,641 25
From reimbursing patients.....	21,113 31
From all other sources.....	1,914 33

Total receipts for maintenance.....	\$533,853 83
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$88,382 62
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Total receipts from manufacturing fund.....	\$10,098 70
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Total receipts from Commission for deficiencies...	\$7,473 99
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$22,848 52
Estimate No. 2. For wages.....	174,178 37
Estimate No. 3. For provisions and stores.....	174,055 25
Estimate No. 4. For ordinary repairs.....	9,736 16
Estimate No. 5. For farm and grounds.....	15,243 32
Estimate No. 6. For clothing of patients.....	16,555 72
Estimate No. 7. For furniture and bedding.....	14,067 27
Estimate No. 8. For books and stationery.....	2,826 14
Estimate No. 9. For fuel and light.....	61,536 93
Estimate No. 10. For medical supplies.....	3,735 04
Estimate No. 11. For miscellaneous expenses.....	14,480 25
Estimate No. 12. For transportation.....	2,135 36

Total disbursements, estimates 1 to 12 inclusive	\$511,398 33
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State treasurer, sundry receipts, chapter 580, Laws of 1899, as amended.....	\$21,500 31
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KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$95,856 61
Total disbursements during year, manufacturing fund.....	\$9,993 98
Balances October 1, 1905:	
General maintenance fund.....	\$955 19
Manufacturing fund.....	132 10
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	\$3 45
Maximum rate of wages paid attendants:	
Men.....	\$30 00
Women.....	22 00
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
Proportion of day attendants to average daily population.....	1 to 14.85
Proportion of night attendants to average daily population.....	1 to 63.36
Percentage of daily patient population engaged in some kind of useful occupation.....	54.37
Estimated value of farm and garden products during year.....	\$28,573 22
Estimated value of articles made or manufactured by patients during year.....	\$34,044 52

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	10	11	21	2	3	5	3
Mental strain, worry and overwork (not included in above).....	7	21	28	1	2	3	4
Religious excitement....	1	2	3	.....	1	1	.....
Love affairs (including seduction).....	.....	2	2	.....	.....	.....	1
Fright and nervous shock	.....	.....	.....	.....	.....	.....	.....
Physical:							
Intemperance.....	19	6	25	4	1	5	10
Venereal diseases.....	7	1	8	1	.....	1	2
Masturbation.....	3	.....	3	1	.....	1	.....
Parturition and puerperium.....	.....	10	10	.....	2	2	3
Change of life.....	.....	3	3	.....	.....	.....	.....
Privation and overwork..	1	.....	1	.....	.....	.....	.....
Epilepsy.....	8	12	20	1	2	3	4
Diseases of skull and brain.....	3	6	9	.....	.....	.....	.....
Old age.....	17	19	36	2	3	5	6
All other bodily disorders and ill health.....	10	7	17	1	.....	1	.....
Hereditary.....	11	26	37	11	26	37	.....
Unascertained.....	178	190	368	5	5	10	84
Not insane.....	3	.....	3	.....	.....	.....	.....
Total.....	278	316	594	29	45	74	117

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
[the current year

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	15	9	.....
General paralysis.....	52	.....	44
Epilepsy with insanity.....	22	8	8
Imbecility, idiocy with insanity.....	7	6	1
Other psychoses.....	495	166	189
Not insane*.....	3	.....	.....

* Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

SEVENTEENTH ANNUAL REPORT OF THE
KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6
Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	27	26	53	.....	.....	.....	.....	.....	.....	.....	.....	.....
One to three months.....	11	9	20	23	9	32	.....	.....	.....	.....	.....	.....
Three to six months.....	7	8	15	24	19	43	.....	.....	.....	.....	.....	.....
Six to nine months.....	6	5	11	22	27	49	.....	.....	.....	.....	.....	.....
Nine months to one year.....	1	5	6	12	15	27	.....	.....	.....	.....	.....	.....
One year to eighteen months.....	1	1	2	4	13	17	.....	.....	.....	.....	.....	.....
Eighteen months to two years.....	.....	.....	.....	3	5	8	.....	.....	.....	.....	.....	.....
Two to three years.....	1	1	2	1	3	4	.....	.....	.....	.....	.....	.....
Three to four years.....	.....	1	1	1	2	3	.....	.....	.....	.....	.....	.....
Four to five years.....	.....	.....	.....	1	1	2	.....	.....	.....	.....	.....	.....
Five to ten years.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Ten to twenty years.....	.....	.....	.....	1	2	3	.....	.....	.....	.....	.....	.....
Unascertained.....	39	40	79	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	93	96	189	93	96	189	.....	.....	.....	.....	.....	.....

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
Specific infectious diseases:			
Erysipelas.....	1	.....	1
Septicemia and pyemia.....	1	6	7
Dysentery.....	4	12	16
Tuberculosis.....	10	15	25
Diseases of the digestive system:			
Diseases of the stomach.....	1	3	4
Diseases of the intestines.....	9	21	30
Diseases of the liver.....	1	.....	1
Diseases of the respiratory system:			
Diseases of the bronchi.....	12	10	22
Diseases of the lungs.....	26	9	35
Diseases of the circulatory system:			
Diseases of the heart.....	.....	10	10
Arterio-sclerosis.....	6	5	11
Diseases of the blood and ductless glands:			
Diseases of the genito-urinary system.....	7	18	25
Diseases of the nervous system:			
Diseases of the meninges.....	3	2	5
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	2	.....	2
Epilepsy.....	1	.....	1
Mental diseases:			
Exhaustion of acute mental disease.....	.....	2	2
Exhaustion of chronic mental disease.....			
General paralysis of the insane.....	26	8	34
Accident.....	3	1	4
Malignant new growths or cancer.....	1	6	7
Total.....	114	128	242

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year

	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
Paternal branch.....	13	10	23
Maternal branch.....	7	18	25
Paternal and maternal branches.....		2	2
Collateral branches.....	9	15	24
No hereditary tendency.....	203	200	405
Unascertained.....	46	71	117
Total.....	278	316	594

TABLE No. 9

Showing civil condition of patients admitted during the current year

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
Single.....	125	121	246
Married.....	117	139	256
Widowed.....	32	49	81
Divorced.....		1	1
Unascertained.....	4	6	10
Total.....	278	316	594

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
Collegiate.....	3	3	6
Academic.....	1	11	12
Common school.....	151	170	321
Read and write.....	28	39	67
Read only.....		2	2
No education.....	5	21	26
Unascertained.....	90	70	160
Total.....	278	316	594

SEVENTEENTH ANNUAL REPORT OF THE
KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. II
Showing the duration of insanity previous to admission and the period under treatment of patients who died during the current year

	YEAR ENDING SEPTEMBER 30, 1905				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	13	16	29	13	7	20			
One to three months.....	11	14	25	19	21	40			
Three to six months.....	8	6	14	11	10	21			
Six to nine months.....	1	6	7	4	6	10			
Nine months to one year.....	4	.....	4	3	1	4			
One year to eighteen months.....	2	4	6	16	5	21			
Eighteen months to two years.....	3	2	5	7	4	11			
Two to three years.....	7	2	9	8	5	13			
Three to four years.....	5	3	8	4	17	21			
Four to six years.....	1	6	7	9	14	23			
Six to ten years.....	.....	2	2	9	18	27			
Ten to twenty years.....	.....	5	5	8	5	13			
Twenty years and over.....	.....	1	1	3	15	18			
Unascertained.....	59	61	120	.....	.....	.....
Total.....	114	128	242	114	128	242			
Average duration of insane life (give years and tenths).				3.3	10.1	6.8			

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year

AGE	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
From 10 to 15 years.....	1	.....	1
From 15 to 20 years.....	14	16	30
From 20 to 25 years.....	27	38	65
From 25 to 30 years.....	26	42	68
From 30 to 35 years.....	38	46	84
From 35 to 40 years.....	45	52	97
From 40 to 50 years.....	61	54	115
From 50 to 60 years.....	34	31	65
From 60 to 70 years.....	23	24	47
From 70 to 80 years.....	9	8	17
From 80 to 90 years.....	.....	5	5
Total.....	278	316	594

TABLE No. 13

Showing ages of those discharged recovered during the current year

AGE	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
From 10 to 20 years.....	8	8	16
From 20 to 30 years.....	24	34	58
From 30 to 40 years.....	24	25	49
From 40 to 50 years.....	18	12	30
From 50 to 60 years.....	10	10	20
From 60 to 70 years.....	7	6	13
From 70 to 80 years.....	2	1	3
Total.....	93	96	189

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year

AGE	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
From 15 to 20 years.....	1	.....	1
From 20 to 25 years.....	2	.....	2
From 25 to 30 years.....	1	3	4
From 30 to 35 years.....	10	5	15
From 35 to 40 years.....	17	9	26
From 40 to 50 years.....	30	32	62
From 50 to 60 years.....	16	17	33
From 60 to 70 years.....	24	32	56
From 70 to 80 years.....	11	20	31
From 80 to 90 years.....	2	10	12
Total.....	114	128	242

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	50	54	104
One to three months.....	46	51	97
Three to six months.....	29	40	69
Six to nine months.....	11	16	27
Nine months to one year.....	12	9	21
One year to eighteen months.....	19	17	36
Eighteen months to two years.....	8	9	17
Two to three years.....	14	20	34
Three to four years.....	8	6	14
Four to five years.....	3	6	9
Five to ten years.....	11	10	21
Ten to fifteen years.....	6	8	14
Fifteen to twenty years.....	.....	4	4
Twenty to thirty years.....	1	.....	1
Not insane*.....	3	.....	3
Unascertained.....	57	66	123
Total.....	278	316	594

*Includes cases of alcoholism, morphia habit, etc.

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	2	6	8
One to three months.....	10	23	33
Three to six months.....	67	90	157
Six to nine months.....	53	48	101
Nine months to one year.....	43	55	98
One year to eighteen months.....	73	83	156
Eighteen months to two years.....	42	38	80
Two to three years.....	96	82	178
Three to four years.....	67	90	157
Four to five years.....	63	74	137
Five to ten years.....	292	476	768
Ten to fifteen years.....	130	153	283
Fifteen to twenty years.....	84	100	184
Twenty to thirty years.....	85	82	167
Thirty years and upwards.....	32	32	64
Total.....	1,139	1,432	2,571

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
Professional:			
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil en- gineers, surveyors, etc.....	8	.....	8
Commercial:			
Bankers, merchants, accountants, clerks, sales- men, shopkeepers, shopmen, stenographers, typewriters, etc.....	40	.....	40
Agricultural and pastoral:			
Farmers, gardeners, herdsmen, etc.....	4	.....	4
Mechanics, at outdoor vocations:			
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.....	45	.....	45
Mechanics, etc., at sedentary vocations:			
Bootmakers, bookbinders, compositors, weav- ers, tailors, bakers, etc.....	52	.....	52
Domestic service:			
Waiters, cooks, servants, etc.....	7	62	69
Educational and higher domestic duties:			
Governesses, teachers, students, housekeepers, nurses, etc.....	1	184	185
Commercial:			
Shopkeepers, saleswomen, stenographers, type- writers, etc.....	.....	10	10
Employed in sedentary occupation:			
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	1	21	22
Miners, seamen, etc.....	10	.....	10
Laborers.....	92	.....	92
No occupation.....	17	36	53
Unascertained.....	1	3	4
Total.....	278	316	594

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905		
	Men	Women	Total
Austria.....	4	5	9
Bavaria.....	.....	1	1
Canada.....	1	2	3
Denmark.....	1	1	2
England.....	7	6	13
Finland.....	.....	2	2
Germany.....	42	48	90
Hungary.....	3	.....	3
Italy.....	8	9	17
Ireland.....	37	45	82
Mexico.....	1	.....	1
Moravia.....	1	.....	1
Norway.....	5	7	12
Poland.....	4	.....	4
Roumania.....	.....	1	1
Russia.....	13	22	35
Scotland.....	1	2	3
Sweden.....	5	16	21
Syria.....	.....	1	1
Turkey.....	1	.....	1
United States.....	139	143	282
Unknown.....	4	5	9
West Indies.....	1	.....	1
Total.....	278	316	594

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	541		541
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	12		12
New York.....	16		16
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	9		9
Rensselaer.....			
Richmond.....	2		2
Rockland.....			

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....
Saratoga.....
Schenectady.....
Schoharie.....
Schuyler.....
Seneca.....
Steuben.....
Suffolk.....	13	.....	13
Sullivan.....
Tioga.....
Tompkins.....
Ulster.....
Warren.....
Washington.....
Wayne.....
Westchester.....
Wyoming.....
Yates.....
Soldiers' Home.....	1	.....	1
Total.....	594	.....	594

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC		
	Men	Women	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	887	950	1,837
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	18	18	36
New York.....	148	395	543
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	28	31	59
Rensselaer.....			

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Richmond.....	20	.....	20
Rockland.....
St. Lawrence.....
Saratoga.....
Schenectady.....
Schoharie.....
Schuyler.....
Seneca.....
Steuben.....	1	.....	1
Suffolk.....	37	38	75
Sullivan.....
Tioga.....
Tompkins.....
Ulster.....
Warren.....
Washington.....
Wayne.....
Westchester.....
Wyoming.....
Yates.....
Unascertained.....
Total.....	1,139	1,432	2,571

FIRST ANNUAL REPORT
OF THE
MANHATTAN STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1905

OFFICERS

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First Assistant Physicians

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J. T. W. ROWE, M. D.

Second Assistant Physician

LOUIS C. PETTIT, M. D.

Assistant Physicians

C. J. PATTERSON, M. D.	PHILIP SMITH, M. D.
JOHN L. WASHBURN, M. D.	DWIGHT S. SPELLMAN, M. D.
JOHN R. KNAPP, M. D.	CLARENCE F. HAVILAND, M. D.
FRANK H. MAGNESS, M. D.	SAMUEL W. HAMILTON, M. D.

Junior Physicians

ARTHUR M. PHILLIPS, M. D. PHILIP. C. WASHBURN, M. D.
FRANK R. HAVILAND, M. D.

Medical Internes

WM. F. SHAW, M. D. MORRIS J. KARPAS, M. D.
HENRY J. HARP, JR., M. D. EDWARD MILTIMORE, M. D.
CHAS. E. CONRAD, M. D. HENRY E. RICKETTS, M. D.
JOHN L. POMEROY, M. D. ADELAIDE TURNER, M. D.

Woman Physician

ANNA E. HUTCHINSON, M. D.

Assistant for Autopsies

GLANVILLE Y. RUSK, M. D.

Clinical Assistants.

JOHN R. WILSON, M. D. J. S. RICHARDS, M. D.
PALMER R. BOWDISH, M. D. CHARLES W. CHAPIN, M. D.

Purchasing Steward and Steward

F. A. WHEELER

Assistant Steward

LEWIS WEBB

Resident Steward

EDWARD F. LAWRENCE

Matron

ANNIE F. JESTLEY

REPORT

OCTOBER 31, 1905

State Commission in Lunacy, Albany, N. Y.:

Gentlemen—In accordance with the Insanity Law, as president pro tem. of the board of managers of the Manhattan State Hospital, I have the honor herewith to transmit the report of the superintendent, Dr. E. C. Dent, for the fiscal year ending September 30, 1905.

I have been in touch with this hospital since 1858, when it was called "The New York City Lunatic Asylum," at that time little more than an annex to the workhouse. Its evolution until it has become the largest psychopathic hospital in the world, under the management of the present superintendent, is very gratifying. A foundation has been laid upon which a superstructure can be built with the assistance of the present superintendent, that will make it the best psychopathic hospital in the world. The improvements in the care and treatment of the insane have been demonstrated in this hospital to such an extent that it may be considered one of the leading psychopathic hospitals in the country. The fact, that now opiates, anodynes, hypodermics, etc., are seldom used, is an illustration how quickly modern and better methods have been adopted.

Since the last report the East and West hospitals have been made one, and the superintendent has inaugurated in the East division some of the admirable methods which he instituted in the West hospital. The rearrangement of the wards in the East hospital, the congregate dining-rooms on each floor, the serving of the meals directly from what might be analogous to a butler's pantry, obviate the odor of the food permeating the dormitories. In making this change, room has been made for the beds of over 400 patients. The removal of the bars from the front of the windows, the suggestion of the superintendent to paint the dormitories in light colors, are great improvements.

The outdoor treatment has been followed by gratifying results. The dietary is ample and of the best quality. The facts that the shoes for the whole hospital are made by the patients, as well as their clothing, repairing chairs, mattresses and bedding generally, are gratifying. The workshop of the female patients, which not

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

only gives employment to the patients, but the result of their work supplies the hospital with many of its wants.

The attention of the profession in this great city has been strongly drawn toward this hospital. Here, under the entire supervision and control of the superintendent, can be established one of the finest clinical schools for special study of the different psychoses anywhere to be found. The board of managers strongly recommends that the facilities for clinical instruction asked for by the superintendent be granted.

In this hospital we have nearly 100 cases of paretics—the largest number in any hospital in the world. We have also nearly 100 epileptics. For nearly two years Prof. William H. Thompson and his associate, Dr. Robert C. Kemp, have been studying critically the condition of the gastro-enteric tract of these patients, to learn if it is possible that gastro-enteric irritation may be the factor which causes convulsions. It is probable that no hospital has had better, or as good results from treatment and operations as has been shown by Dr. Broun's work. Dr. Warren S. Bickham has also contributed some valuable services to the surgical division.

WHITMAN V. WHITE, M. D.

Pro tem. President Board of Managers

SUPERINTENDENT'S REPORT

NEW YORK, OCTOBER 1, 1905

To the Board of Managers:

In accordance with the Insanity Law, I respectfully submit herewith the 1st annual report of the Manhattan State Hospital, Ward's Island, for the fiscal year ending September 30, 1905, with the usual statistical tables.

By legislative action during the last session, the Manhattan State Hospital, East, and the Manhattan State Hospital, West, were consolidated, the law becoming effective June 1, 1905. This act abolished the board of visitation and restored the board of managers, and otherwise brought about many changes in the medical and administrative departments. The vacancy for superintendent at the Manhattan State Hospital, East, caused by the resignation of Dr. A. E. Macdonald on September 30, 1904, after a faithful service of 30 years, had not been filled, and the law provided that the superintendent of the Manhattan State Hospital, West, become superintendent of both departments after the consolidation.

RE-ORGANIZATION

After the consolidation of the two hospitals, which was effected June 1st, it was necessary to reorganize and reclassify the various medical services, having reference especially to the men's division. The addition to the staff house was completed soon after the amalgamation, thus affording quarters for the entire medical staff. In consequence the staff of the men's division was transferred to the staff house of the women's division, and the rooms thus vacated are made available for other purposes. As heretofore, a medical officer is constantly on duty day and night at the men's division, as is also the case at the women's division.

Certain changes in rearranging the class of patients for certain wards were made at the men's division, and all the wards were re-numbered, receiving numbers consecutively from the numbering which had been used in the women's division.

The drug store at the women's division was transferred to the men's division, so that now one drug store only is used for the entire hospital.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

Another change was the transfer of all records from the men's division to the west side, and the establishing of a central office at the west division, so that all visitors to patients call first at the general office and receive their passes in the usual way, the old drug store, which was vacated, serving as an office for the clerks and for the reception of visitors to all men patients. Since this part of the service has become fully organized, the advantages of the change have become apparent.

Among the changes in the wards of the men's division, I would mention the transfer of the hospital and decrepit patients from the main building to the east building. The reception service has been installed in a semi-detached two-story brick building. This building is well ventilated and has the sunlight on both sides. It has all conveniences and is in a manner separate from those wards regarded as custodial.

Incident to these changes has been the removal of the office of the purchasing steward from 309 Broadway, New York, to Ward's Island. The purchasing steward now occupies the former residence of the superintendent of the women's division, and uses the rear portion of this residence as the office of the purchasing steward.

MOVEMENT OF POPULATION

Following are statements showing movements of population:

Number of insane in care of hospital Oc-	Men	Women	Total
tober 1, 1904.....	1,666	2,496	4,162
Admitted during ensuing year.....	735	834	1,569
	<hr/>	<hr/>	<hr/>
Total under treatment.....	2,401	3,330	5,731
	<hr/>	<hr/>	<hr/>
Number of patients discharged during			
the year.....	437	545	982
Number of patients died during the year..	186	170	356
	<hr/>	<hr/>	<hr/>
Total.....	623	715	1,338
	<hr/>	<hr/>	<hr/>
Number of patients remaining Septem-			
ber 30, 1905.....	1,778	2,615	4,393
	<hr/>	<hr/>	<hr/>

ADMISSIONS

Of the 1,569 admissions, 1,448 were upon original commitments; 121 were transferred from other institutions for the insane.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

DISCHARGES

By referring to the statistical tables it may be noted that 318 patients were discharged as recovered; 63 as much improved; 418 improved; 172 unimproved; 11 not insane. Thirty men and 20 women were ascertained to be nonresidents and were sent to their homes at the expense of the State. Forty-six men and 36 women aliens have been deported from this hospital by the federal authorities. Five cases committed to this hospital were rejected as unsuitable for care and treatment in a State hospital for the insane.

RECOVERIES

On number admitted.....	20.27
On number admitted, excluding all transfers.....	21.96
On average daily population.....	7.29
On whole number treated.....	5.55
On number discharged.....	32.38

As heretofore many patients have been discharged to the care of the Department of public charities, in those instances where they have no homes or friends to render them assistance. This department has received cases of this character who have been sent to its care. During the year 13 men and 31 women have been received by the charities department and nine women have been sent to the Mount Carmel Hospital, 152 East 105th street, a home for convalescents.

IMPROVED

On number admitted.....	30.66
On number admitted, excluding all transfers.....	33.22
On average daily population.....	11.02
On whole number treated.....	8.39
On number discharged.....	48.99

DEATHS

The total number of deaths during the year was 356, representing 6.21 per cent of the whole number treated.

No serious casualties have occurred during the year.

INSANE ALIENS

The number of insane aliens has apparently increased during the past year, corresponding without doubt to the largely increased im-

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

migration to this country. In accordance with the law, these cases are reported promptly to the State Commission in Lunacy, which in turn takes steps to verify the landing of these people at the port of New York, and obtain the necessary certificate of deportation from the immigration authorities. Until the past few months it has been customary for the hospital to send these patients directly to the steamship of the company bringing the patient to this country, after having received the certificate of deportation, but for several months the immigration authorities have inaugurated the custom of sending their own agents to the hospital for the patients. In the case of a woman alien a nurse has always accompanied the patient to the steamship with the agent of the immigration department.

More recently the immigration department has modified this method of procedure with the insane alien by first sending an agent to the hospital who places the patient under "arrest." This, it appears, is done to allow the patient or his friends opportunity of protesting against the deportation. In due time the usual certificate is made out and the agent of the immigration department calls for the patient.

Referring to my observations under this heading in the annual report of last year, I would explain that the same conditions appear to prevail regarding the difficulty of the friends of the patient tracing him up after his deportation. Fewer complaints, however, have come to my notice during the current year.

It appears to me that some discretion should be allowed the medical authorities in the matter of sending these cases abroad at a time during their psychoses when the best hospital care is demanded. It is the custom ordinarily to send a patient upon the demand of the immigration authorities when the physical condition will admit of her undertaking the journey, irrespective of what the mental condition may be. This is often detrimental to the interests of the patient, who, perhaps, loses her chance of recovery, or recovery may be greatly impeded by the sudden changes incident to the deportation. It must be harmful to a case of maniacal excitement, or one of frenzied or anxious melancholia, to be taken suddenly from the hospital, placed on board a steamer, where, although they receive the best protection possible, yet they lose the treatment of a hospital where the facilities are superior to what they can possibly be on shipboard, to say nothing of the attendance of trained nurses. What becomes of these unfortunates when landed at the port nearest their homes has often been a subject of much concern to me. I feel convinced, however, that many of them do arrive safely at their

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

homes. It has occurred occasionally that some friend would accompany the patient during the deportation.

AMUSEMENT, RECREATION AND EMPLOYMENT

As heretofore, much attention has been given to the matter of affording amusement as well as employment for our patients. These departments have been developed as far as our conditions will permit. The percentage of those employed at some useful occupation is 76.7 per cent. Coercion is not used, but judicious encouragement is given. During the summer the industrial department was enlarged and more thoroughly developed, establishing a school for the employment and teaching of certain cases, more especially of the dementia praecox type, who were inclined to be indolent, careless and apathetic. This has been found of great advantage. The pupils, who seem almost too hopeless to receive such instruction, commence at a very simple occupation, perhaps the teasing of hair for mattresses, then advance to some other kind of employment, the assorting of rags for rug making, or some work that is rather more complicated, until finally they are advanced to the classes for sewing, basket making and various kinds of fancy work. This is far better than allowing the patients to sit idle, losing what little energy they may have and sinking into a hopeless insanity.

In summer, frequent concerts and entertainments are given outdoors, not only by the hospital band, but by entertainers not connected with the hospital. Our own employees prepared and rendered very creditable entertainments during the winter months.

Patients are out doors, whenever the weather permits, summer and winter, unless employed within the buildings. The entire work of the grounds, gardens and outdoor work generally is done by the men patients, assisted by the women in work on the lawns and gardens. This occupation is healthful, rendering the patients stronger, of good, healthy color, and improves the appetite and facility for good, sound sleep.

May day, Decoration day, Independence day, and Labor day are observed at the hospital in the way of giving field sports, when prizes are given to the winners of the various contests. These entertainments are looked forward to with great pleasure by our patients, and they take part in the games with much interest. At such times they are allowed to invite their friends to be present, and since the consolidation of the two hospitals, it is not unusual to see, on one of these field days, a crowd of 5,000 people, including the patients, their visitors and friends.

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The following is a copy of the program of sports held on Labor day.

MORNING PROGRAM

Baseball, attendants vs. patients, 9:30 a. m. Prizes, picture, ties.
Swimming race, 60 yards, patients. First prize, table, box of candy; second prize, picture, cigars.

AFTERNOON PROGRAM

Parade by fire department.

100 yards dash, patients. First prize, fancy table, cigars; second prize, table cover, pipe and tobacco.

Crab race, patients, East wing vs. West wing; prizes, table, a pair of suspenders to each member of the winning team.

Basket ball, nurses; prize, picture, box of candy to each member of winning team.

Catching greased pig, patients. First prize, cigars; second prize, pipe and tobacco.

100 yards hurdle race, employees. First prize, picture, match-safe; second prize, table cover, tie.

Egg race, women patients, 75 yards. First prize, table cover; candy; second prize, mantle drape, candy.

Sack race, 100 yards, patients. First prize, table cover, cigars; second prize, picture, pipe.

Potato race, women patients. First prize, picture, candy; second prize, table cover, bottle perfume.

Wheelbarrow race, 100 yards, patients. First prize, table, tie; second prize, picture, pipe.

Nail-driving contest, women employees. First prize, music rack, box of candy; second prize, table cover, box of candy.

Three-legged race, 100 yards, patients. First prize, picture, tie; second prize, table cover, box of candy.

Bicycle race, employees. First prize, match safe; second prize, cigar safe.

Obstacle race, patients. First prize, vase, box of candy; second prize, jardiniere, box of candy.

75 yards dash, women patients. First prize, vase, ribbon; second prize, table cover, ribbon.

Slow bicycle race, all comers. First prize, picture; second prize, table.

Tug of war, employees, day attendants vs. night attendants. Prizes, picture, cigars to each member of winning team.

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Music by the hospital orchestra under the direction of George Kazamek.

PROGRAM

"Star Spangled Banner."

1. March, "Hoch Hapsburg" *Kral*
2. Selection from "Carmen" *Bizet*
3. Waltz, "Danube Waves" *Ivanovic*
4. Humorous March, "Jolly Coppersmith" *Peter*
5. Selection from "Lohengrin" *Wagner*
6. Hungarian Dance No. 5 *Brahms*
7. Slovak Dance *Kazamek*
8. Operatic Reminiscences *Laurendeau*
9. Waltz, "Violets" *Kalma*
10. March, "Greeting to Bangor" *Hall*

"Home, Sweet Home"

Refreshments—Cake and Lemonade.

Weekly excursions on the steamer "Wanderer" have been made during the past summer as heretofore; three excursions each week. No accident has occurred, and I might add that this method of entertaining the patients has become very popular and is thoroughly enjoyed. The hospital orchestra always accompanies the excursion and one or two physicians also attend. These trips include both directions from the hospital; that is, into Long Island sound, or down the river to New York bay.

The salt water pond located on the grounds of the men's division, which fills at high water, has been well patronized during the past summer, as in seasons past. The pond is used on alternate days by men and women, and as many as 1,500 men and 1,200 women enjoy the bath on their respective days.

PAROLE OF PATIENTS

The system of granting the usual 30 days parole to patients when removed by their friends, has not been used to any great extent, but during the past year this system of granting paroles has gradually developed and now the percentage on parole who are leaving the hospital is quite large. So far we have found this plan to work very satisfactorily and the system will be continued. In very few instances only have the patients been brought back to the hospital within the 30 days time.

No women patients are paroled to go about the grounds unattended; all are under supervision. In the men's division, this privilege is

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

granted to a reasonable number of convalescent and trustworthy patients, confining themselves, however, to the grounds of the men's division, except in a few cases where they have certain duties to perform at the west division. It is very unusual for a patient to forfeit the confidence of the officers by breaking his parole of the grounds. They are deeply sensible of the trust placed in them, and the privilege has not been abused in a single instance. These patients are utilized as messengers and in many other ways, and not only are their mental faculties quickened, but a spirit of emulation is aroused in other improving cases.

OVERCROWDING

Owing to the excessive overcrowding existing in this hospital, the State Commission in Lunacy instructed that a transfer of 75 women patients and 25 men patients, making a total of 100, be made to the Willard State Hospital, and this was accordingly done on May 18, 1905. While this number had scarcely any effect in the matter of relieving the congested condition, yet it gave a partial temporary relief.

TRAINING SCHOOL FOR NURSES

The training school of this hospital is now registered with the State Board of Regents, and its graduates are eligible for registration with this board. The usual course of study and demonstration has been given to members of the training school. The season of 1905-6 opened with three men and 26 women in the senior class and 19 men and 50 women in the junior class. In June, 1905, nine men and 18 women were graduated. Two nurses, Mrs. Kenny and Miss Breene, received post-graduate diplomas. Twenty-four nurses are at present taking the postgraduate course.

We have 36 men and 90 women graduate nurses employed in the service of the hospital. During the past year a number of our nurses have resigned to enter private nursing in New York and other places. Three of the nurses resigned to accept better paying executive positions in other hospitals.

Applicants for the training school, before being accepted, are given a probationary service of about a month. They then pass a written examination which is uniform in all the State hospitals. This successfully passed, they become junior nurses. During the junior year, a nurse is assigned duties in some of the hospital wards. They are required to attend lectures and recitations. The first month of the senior year is principally devoted to the diet

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kitchen, where they receive training in invalid cooking. The last six months of the senior year are spent in the hospital ward, where a nurse is regarded as assistant nurse and assists at operations. During the senior year practical instruction in gynecological work is given by the woman physician to the women nurses who have experience in 10 or 12 obstetrical cases. They are also taught hydrotherapy by a nurse who is familiar with the best methods of giving continuous baths, packs, etc.

At the end of the second year's work, the attendant must pass a final examination before she receives her diploma. The post-graduate course has proved an interesting and instructive feature of our school. Lectures are delivered each week by the physicians and instructors of the hospital.

The fact that this is a hospital for the insane seems to deter many women from entering the service. While there are some arduous and disagreeable duties connected with the work of caring for the insane, it is not what most people imagine it, as the insane no longer receive simply custodial care, but hospital care. Education and refinement are as necessary for a nurse in a hospital for the insane as in a general hospital, and the standard of nursing should be improved.

Women are in charge of the nursing in the men's wards, and a marked improvement has been noted on these wards since women were placed in charge.

The text-book to be used in the future is Clara Weeks Shaw's Textbook of Nursing. It would be desirable to use some text-book on anatomy and physiology in addition.

The following members of the training school were graduated at the last session:

CATHERINE LINIHAN
BRIDGET LOUGHLIN
FLORENCE QUINN
MARGARET FLYNN
BRIDIE O'FLYNN
EVA MCHALE
MARY D. CONNOLLY
JOSEPHINE HOULIHAN
JEREMIAH D. HEALY
PATRICK NOLAN
PIERCE WALSH
W. S. ROOSE
STEPHEN CAVANO

KATHLEEN MARTIN
KATIE A. McDERMOTT
ALICE M. SHELLEY
ANNA TEUBNER
MARY J. KELLY
DELIA G. BREENE
ADDIE M. RUTHERFORD
AGNES WOODRUFF
DANIEL F. MCCARRY
ANNIE LANDERS
AUSTIN P. O'NEILL
JOHN F. RYAN
AGNES CANNON

CHARLES W. BULL

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The following post-graduates received the certificate of proficiency:

MARY K. BREENE

JENNIE KENNY

It has been difficult to obtain the required number of desirable attendants, especially in the women's division, to keep all vacancies filled. In a large hospital like this, located near the metropolis, where young women can find employment more congenial to their desires, we necessarily have many resignations, and for several years it has been difficult to fill vacancies. I can, however, report some improvement in this respect during the past year on account of the increase in wages. The majority of our attendants are residents of New York city or vicinity; a few have come to the hospital from other states and from Canada, and some from the interior of New York state.

A certain class of attendants who do not appear to succeed well in any hospital are apt to change from one hospital to another with too great a frequency to be of any permanent use. This class of applicants I am endeavoring to eliminate, unless they come exceptionally well recommended by hospital authorities.

CHANGES AMONG EMPLOYEES

Appointments.....	563
Resignations.....	374
Dismissals.....	142
Dropped from rolls on probation.....	63
Deaths.....	4

It is with regret I have to report the deaths of the following employees:

Mary Lonergan, Mary D. Connolly, John P. Morgan and Francis O'Shaughnessy.

Mary Lonergan was appointed dining-room attendant June 1, 1904, and died at this hospital March 6, 1905, after a short illness with double lobar pneumonia. She was faithful in her work and liked by all who knew her.

Mary D. Connolly, who had been a faithful employee since her appointment, August 21, 1903, had completed the course in the training school when she was taken ill, requiring a surgical operation. She recovered apparently from this, but soon after failed in health. She was obliged to resign her position July 5, 1905, and I learn that she died at Bellevue Hospital July 8th. She had always

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been considerate, kind and faithful toward her patients and in the performance of her duties generally.

John P. Morgan, our blacksmith, who had been in the employ of the hospital since February 15, 1897, died at his home in the city February 4, 1905. He was an excellent employee and workman, kind and considerate to the patients under his charge, and always considered the interests of the hospital and patients.

Francis O'Shaughnessy, appointed attendant December 13, 1903, died at the hospital November 13, 1904. He was a man faithful in the discharge of his duties and well regarded by all.

DIPHTHERIA

On March 31, 1905, patient Sadie Campbell was admitted from Bellevue Hospital suffering from what proved to be a severe attack of diphtheria. From this case the infection spread to other patients, involving also nine nurses. This patient died April 6, 1905. One other patient, Johanna Rosenbaum, admitted April 25, 1905, died of lobar pneumonia complicating diphtheria May 16, 1905.

During this outbreak, the patients were removed promptly to the tents and all suspicious cases, as well as those who had been brought into contact with the persons infected, were isolated and promptly treated with antitoxin. During this time, 19 patients and nine nurses and employees developed positive cultures. Two nurses were very ill, but in due time recovered. The nurses who showed clinical symptoms of the disease were also sent to tents and promptly treated with antitoxin. For several months there has been no evidence of a return of the disease and the hospital is now free from it.

The attendants and nurses were uniformly ready to respond in caring for these infected cases without murmur or complaint, and willingly allowed themselves to be guided by the rigid quarantine rules necessarily established, remaining in constant attendance without taking their usual leaves of absence, and submitting to a system of isolation.

In this connection I desire to state that the New York City Department of Health cooperated in every way by receiving cultures and making prompt reports, which greatly relieved our own overworked laboratory.

CAMP LIFE FOR THE ACUTE INSANE

I have nothing special to add regarding this feature of hospital care since my report of last year. I am fully convinced that this is

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the proper method of treating the acute insane whenever possible, and it has become an established feature of the hospital. These camps are located south of the new building and near to it, having an outlook upon Hell Gate, where there is a constant change of scene in the way of boats and shipping passing up and down the river. We have altogether four of these camps; two tents and two frame buildings occupied by patients. During the outbreak of diphtheria a new tent was purchased and placed on the ground a short distance from the other camps, for the use of the nurses, who were under observation on account of having been possibly exposed to the disease. The patients occupying these camps, especially the camps where the patients are convalescent, enjoy a reasonable amount of freedom, going and coming between the camps without hindrance, although under observation.

TUBERCULOSIS

Treatment of patients subject to this disease has been continued as heretofore. During the summer the patients are outdoors as much as possible; in winter occupying the solarium adjacent to wards 11 and 12 (women's division). At the men's division the treatment of these cases in tents is being continued. At the present time a frame pavilion, similar in construction to those for the acute insane at the woman's division, is being built, and will be ready for use before the winter. The treatment of this disease, inaugurated about three years ago, is being carried out as far as it is practicable in suitable cases with excellent results.

CLINICS

One of the most important features developed in the hospital during the last few years are the clinics. At these clinics cases of special importance are examined and the methods of nursing and treatment are carefully outlined. They are of special value to the resident staff, the training school for nurses, and to numerous physicians in private practice who have attended them for the purpose of a study of the most modern methods.

Weekly clinics have been held in psychiatry, gynecology, general surgery, and in gastro-intestinal diseases. Special clinics have also been held in diseases of the heart and lungs, and in genito-urinary diseases, and it is the intention hereafter to hold these clinics weekly as in the other divisions. The active clinical work undertaken at this hospital will thus compare favorably with the best hospitals in the country.

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Among the consulting physicians who have been active in their particular departments at this hospital I would mention the following, with their associates: In gynecology, Dr. Le Roy Broun, Dr. Curtenius Gillette and Dr. W. E. Porter; Dr. R. Rawls, assistant; in surgery, Drs. W. S. Bickham and Wm. C. Lusk; in neurology, Dr. G. Collins; Dr. William Hirsch, Dr. Adolf Meyer and myself in psychiatry; in ophthalmology, Dr. Ward A. Holden; in gastro-intestinal diseases, Dr. R. C. Kemp, with Drs. T. Bailey and O. Graham Rogers as assistants, and Dr. Achilles Rose as associate visiting physician. Drs. Ferd. C. Valentine and T. Townsend are conducting investigations on the genito-urinary division; Dr. Thomas Satterthwaite on diseases of the heart, and Dr. E. E. Smith special work on the examination of the stool and on intestinal fermentation.

GENITO-URINARY DISEASES

Dr. Ferd. C. Valentine and Dr. T. Townsend have carried on most excellent work in this department. The results secured by them in the treatment of enuresis by epidural injection have been favorable. Urethroscopy, cystoscopy and ureteral catheterization are carried out by them in the cases indicated at special clinics for the instruction of the house staff.

RESEARCHES IN EPILEPSY

During the past year researches into the etiology of epilepsy which were instituted by Dr. William H. Thomson, with the cooperation of other members of the consulting board, have been continued. Under appropriate treatment by the various specialists there has been, in some cases, diminution in the number of convulsions. The results so far secured are suggestive and encouraging.

RESEARCHES IN DEMENTIA PARALYTICA

Some interesting preliminary research work in this condition has been carried out at the hospital. These data are from 13 cases. The convulsions were diminished and the temperatures were lowered as a result of the regulation of the bowels and treatment of the gastro-intestinal tract appropriate to each case.

TABETIC TYPE

Four cases.

Hyperacidity, one case, with slight dilatation of stomach.

Achylia gastrica, one case.

CEREBRAL TYPE

Nine cases.

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Hypoacidity, 11 cases, with two severe types of chr. gastritis.

Dilatation of stomach, 11 cases.

Gastroptosis, two cases.

Chronic constipation marked, 13 cases.

Odor to breath, 13 cases.

Evidences of putrefaction in gastro-intestinal tract, 13 cases.

Temperature; no result from treatment in two cases (one of these had infected bed sores).

Temperature; lowered in 11 cases, and in some very decidedly, and remained so (rectal irrigation aided lowering in three cases).

Convulsions; none occurred at any time in seven patients.

Convulsions diminished in frequency in five patients by treatment.

Attacks of syncope (equivalent to convulsive seizure) absolutely stopped by treatment, one case.

Died, one case.

These cases show that auto-infection from the gastro-intestinal tract has a decided bearing on the condition of these patients. The study of the relations of auto-infection from the gastro-intestinal tract to nervous and mental diseases is therefore of importance. Further investigation into paresis is being carried on at the hospital.

DENTAL WORK

During the past year the following work has been done by Dr. A. Walter Hermann, odontologist to the hospital:

Extracted 231 teeth and roots.

Filled with amalgam and cement, 27 teeth.

Made two full upper, one partial upper and one lower artificial dentures.

Repaired two artificial dentures.

Treated by means of opening and extracting teeth causing 11 alveolar abscesses.

Treated by means of cleansing teeth, one case of stomatitis.

Reduced fracture of inferior maxilla by means of interdental splint.

AUTOPSIES UNDER THE SUPERVISION OF DR. G. Y. RUSK

During the year ending September 30, 1905, there have been performed 54 autopsies, which number is 25 per cent of the total deaths. The routine work of the laboratory, aside from the performance of autopsies, has consisted in the preservation and filing for reference of suitable material from this source, following the methods adopted in the previous year. Microscopic sections, representing the principal lesions and organs, are available in each case.

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The large amount of material, both clinical and from the necropsy room, upon which bacteriologic studies should be made, makes the appointment of a man, competent to do such work, urgent.

Among the autopsies, was one performed upon a patient dead from diphtheria, and from the small epidemic which occurred at that time, cultures from 36 suspected throats were examined. The majority of the necessary work at this time, however, was done by the city board of health.

The laboratory has furnished diagnoses in cases of suspected malignant disease awaiting operation (two cases of squamous-celled epithelioma of the cervix), and has also examined tissues from special cases following operation.

The consolidation of the two hospitals has made available the material from the east division for as detailed study as has been accorded that of the west division. This taxes the resources of the laboratory greatly and necessitates the employment of the technician's time for the routine preparation work referred to above. It is, therefore, desirable that a second technical assistant be soon appointed, that the nervous material especially may be made available to a much greater degree than is at present possible.

The construction of a new building which is to be devoted to mortuary and laboratory purposes is under way. This, together with room already provided, will make possible the centralization of clinical and anatomical work, and it is believed that in this way the greatest efficiency and accuracy will be obtainable.

Reports and occasional demonstrations based upon the anatomical material have been given during the year at the monthly staff meetings, besides detailed demonstrations of the gross material at time of autopsies. It is hoped that we may be able to give a pathological report for next year.

HYDROTHERAPY AND CARBONIC ACID GAS BATHS

I would refer to my notes under the heading of hydrotherapy in the annual report for the preceding year, and explain that this method of treating certain cases of patients has been continued throughout the current year with gratifying results. The two continuous-bath tubs, located in ward 23, have been in almost constant use night and day during the entire year. A contract has been let for installing eight improved continuous-bath tubs for the women's division, and four for the men's division. In these tubs, the inflow of warm water will be at the head instead of at the foot, as is now the case with the tubs in use. The outflow will be at the foot of the

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tub. When this improved bath is ready for use, we expect to get the very best results obtainable from the use of the prolonged warm bath. Patients are often continued under this treatment for weeks, remaining in the tub day and night, eating and sleeping while in the tub. They are at times, however, taken from the bath for the purpose of anointing, or to allow a change, and are then placed in bed, or, if their condition will permit, are allowed about the ward for a time.

Very few remedies of a sedative class are now given in this hospital, which fact I attribute mainly to the introduction of the various forms of treatment by hydrotherapy. In the men's division, hydrotherapy has been put into practice with the most gratifying results. Many of our nurses, already equipped with technical knowledge, have instructed others, and in addition, selected attendants were sent to the city to receive instruction at the Hydriatic Institute.

Dr. Achilles Rose introduced the dry carbonic acid bath in this hospital, and we had the opportunity of comparing the effects of the dry carbonic acid bath with the effects of the Nauheim bath and the continuous bath.

The following is quoted from previous notes made at this hospital: "In acute maniacal conditions, or acute delirium states, characterized by great motor activity, the prolonged warm bath has proven very efficacious. It not only decreases the motor activity, but after some time in the bath (that is, some hours) it produces sleep. In some cases of insomnia we have found great benefit in this way without the use of sedatives.

"In acute delirious conditions characterized by great restlessness, and increased temperature, the following results have been noted: The restlessness has been reduced, sleep promoted, and the temperature has also been reduced. This is undoubtedly due to the stimulation of metabolism, as the bowels are more active and become regular. The movements are usually loose. The urine is increased in amount. We often find that tactile hallucinations are relieved. Occasionally after treatment of several days an erythema of the skin develops. This does not occur in all cases, however. If removed from the bath for a few days, this condition of the skin improves. We have also noted an increase in the appetite, the patient taking food better and receiving more benefit from the food. We have also noted occasionally after prolonged treatment by this method, a tendency to the formation of furuncles.

"Some benefit has been derived in certain cases of melancholia with frenzy. The temperature of the prolonged bath used here

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varies from 98° to 100°. In some cases hot baths are given, 102° to 105°. These baths, however, are of short duration.

“The length of time required in these baths varies. Some cases become quiet after a few hours, other cases require a longer treatment. In manic depressive cases, manic form, it is not unusual to leave the patient in the prolonged bath four or five days or even weeks. There is no doubt but that the prolonged bath is a great benefit, and the cases from a mental standpoint are much improved.

“This form of treatment is not distasteful to patients, as a rule, very few objecting to it after once becoming familiar with it. In fact, some cases, after removal from the tubs, have requested to go back.”

It will thus be seen that the main action of the continuous bath consists in dilatation of the blood vessels, acceleration of circulation and the stimulation of the metabolism. Dilatation of the blood vessels and acceleration of circulation are likewise the effect of carbonic acid gas baths in either form, dry or wet, and there exists another similarity of action between continuous, water and carbonic acid gas baths—the beneficial calming effect upon the irritated nervous system.

Dr. Satterthwaite had the courtesy to compare with Dr. Rose at this hospital during the summer of 1904, in some cases, the effect of the carbonic acid water bath on blood pressure with that of dry carbonic acid gas bath, and we found that they indeed corresponded.

Sphygmographic tracings were taken on patients before, during and after the carbonic acid bath, which furnish evidence of the effect of this bath on the diseased heart. The irregular rhythm became regular, and poor volume improved.

MEDICAL WORK

In its various departments it has been the aim of the hospital to keep abreast with the times in the line of work bearing directly on medical science, and especially with its different divisions, such as might bear directly or indirectly upon the care and treatment of the insane, tending thereby to bring on better results.

In clinical medicine and surgery to such extent as the hospital needs require in the special fields of gynecology, ophthalmology, otology and odontology, no pains have been spared to secure the best services available. The most modern appliances in the way of instruments of precision for diagnostic purposes and for treatment of conditions existing as complicating and concomitant to insanity have been liberally supplied. The physical, moral and aesthetic wants

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of the patients have been carefully looked after by diversions, such as music, entertainments, outdoor games and physical culture. The restitution of mental faculties by re-education and its treatment of the acute insane in the open air in camps and specially constructed pavilions have been some of the important features in the work of the year. The treatment by baths and various hydrotherapeutic measures, by electricity and massage, and vibratory apparatus, has been continued at a high standard, and the greatest possible advantage for the patient has been secured from the above sources. Regular visits have been made by the various members of the consulting staff and by their assistants, many of the latter giving much of their time toward demonstration and treatment of conditions arising within their special field.

PSYCHIATRY

The claims of psychiatry have been fully recognized and as formerly it is a determination to make this the leading feature of medical work in the hospital.

Insanity as a disease claims a just recognition equally with scores of so-called diseases of which in this modern epoch we are as yet only investigating or have cognition of through their symptomatology. Further, as an evidence of brain disorder, it holds place with the phenomena of any physical disorder for which as yet we have no specific or definite etiology. The analytical investigation of the morbid mind through the complex phenomena of thought and feeling presents to us a most important problem.

It would be a matter of profound regret to think that the united and constant efforts and the hundreds of conferences of the large number of physicians engaged in the work in this hospital had resulted in nothing more than the addition of tedious and tiresome compilations of worthless data to a cumbersome literature. On the contrary, the hospital takes a just pride in being foremost in the advanced psychiatry. The work of the past year has more than compensated us with specific facts toward a classification which bids fair not to be immediately effaced by its enforcement.

CLASSIFICATION

In the scientific study of psychiatry many details are of necessity brought to our attention which do not, at the present stage of the science at least, have an important bearing on the sociological or economical aspect in the support, care and treatment of the insane. This fact appears to bring about the necessity for a more exhaustive

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classification from a purely scientific standpoint. In other words, there is, to some extent, from the different sources, a demand for both a practical and theoretical classification. It is clear that the economic and sociologic data in the practical classification are not comprehensive enough to be of use in the scientific elucidation. Again an exhaustive classification can readily be reduced to the practical requirements of statistical data. It should hardly seem necessary to exploit the needs of psychiatry from this point of view. Experience has shown us that a comprehensive classification stimulates the interest and greater effort is required to make a proper analysis of the morbid phenomena. If psychiatry is to advance it must do so upon some system. The basis of all science is classification. While the present one in use is not all that is desired and is practically in the experimental stage, we feel that a beginning must be made, and it is much easier to incorporate a large number of forms of known symptomatology than to extract from an already concentrated and ambiguous mass the real material necessary for the elucidation of psychiatric problems. Again, there is much evidence from the beginning that has been made here in the past two years that results will be obtained which fully justify our efforts.

The plan of subjecting each patient to an exhaustive physical and mental examination on admission, including in such work blood and urine analysis, cyto-diagnosis, illumination of visceral organs, the uses of X-rays, etc., as may be required for definite diagnoses, has been continued. The routine examination of patients alone requiring some days, after which they are presented at staff meeting for critical analysis and discussion. Such cases as present pathognomonic features are diagnosed temporarily and later, after further study, are summarized and again presented for final diagnoses. When necessary for elucidation cases are presented several times, or until sufficient information is obtained to enable us to make as accurate a diagnosis as is possible with our present knowledge of the subject. The above meetings have been of extreme interest, the entire corps of physicians of from 25 to 30 always attending regularly. In addition monthly sessions are held in the evening of the third Tuesday of each month for the purpose of bringing up unusual and interesting cases and the reading of papers and reviewing of late literature. It is the aim ultimately to organize this meeting as a permanent hospital society with the object of advanced psychiatric studies. In addition to the above, clinics in psychiatry and neurology are held by the various members of the consulting staff, and a regular course

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of lectures on the fields covering psychiatry is delivered by the superintendent of the hospital. All the above are supplemented by the presentation of cases from the hospital. The medical profession in general is invited to all of our clinics and meetings.

The completion of the second year of the work shows what was naturally anticipated, that the same methods pursued by the hospital on the new material produces identical results, although no comparison or preconceived ideas or plans have been permitted to prejudice or modify the outcome. This year has been absolutely independent of past records, and it is a matter of pleasant surprise to see the various types so nearly approach in number those of the previous year. The experience of former years has, of course, enabled us to be more accurate in defining a type and making the prognosis. Classification is at least of temporary value as a means to an end. It is a necessary step in establishing syndromes and in reconciling aberrant groups toward those which are to be of a more permanent and specific value. Whether psychiatry be a synthetical problem or a study in retrograde metamorphoses, some systematic division of its forms or symptoms must be the first step.

The tabulations following show first the theoretical classification in its practical workings in the women's department. The second table is a compilation of the various types and forms showing by comparison the work of the two years past. The third table shows the developmental stage of the various psychoses in relation to the different periods in life for the admissions of the past year.

INTOXICATION PSYCHOSES

In this grouping, alcohol as an etiological factor takes the dominant part. The cases of drug intoxication, six in number, have been tabulated separately and are of special interest, though not in sufficient number to form an important feature in the nosology. Undoubtedly alcohol through its direct effect upon the nervous system and by its indirect influence upon the progeny of its addicts, is by far the most potent factor amongst the specific causes of insanity. In our classification the alcoholic psychoses embrace only those disorders clinically exhibiting one of the several symptomatic groupings, such as the acute or chronic deliria, the delusional forms, or the amnestic conditions usually accompanied by a neurosis. Ten of this latter form were admitted during the year. More time and space should be allotted to this grouping than can be utilized at present. The number of cases admitted during the past year was 68, showing a relative increase of about one per cent only above the year ending

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September 30, 1904. As representing about eight per cent of the admissions, the alcoholic psychoses do not seem so formidable.

Alcohol appears as an adjunct to other inciting causes in a very much larger percentage of all admissions, and it is highly probable that the alcoholics of to-day are the progenitors of the precocious insanities of future generations. Indirect inheritance: father alcoholic, son dementia praecox, and daughter manic depressive. Such family groupings, indicating that different types may branch from the same trunk, are not uncommon in this hospital.

The alcoholic psychoses are, in a very large number of cases, purely acquired; the average age on admission of this year's cases being about 42 years; the youngest 25, and the eldest 69. Nearly 80 per cent of the cases occurred between the ages of 30 and 50. It may be added that in numbers our statistics show no increase in number of the sterner over the gentler sex in this psychosis. A redeeming feature of the alcoholic psychoses is their rapid recovery, many of the cases regaining their normal mental status in a few days or weeks at most under proper hydrotherapeutic and medical treatment.

DEMENTIA PRAECOX

This grouping is by far the most comprehensive in our nosology. A retrogressive developmental psychosis for which we as yet have no acceptable pathological anatomical basis. It is reeking with the stigmata and transmissions of many generations. In numbers, with its allied type, it includes nearly one-third of the entire admissions to the hospital. The percentage this year, without allied forms, being 28, as against 31 per cent admitted last year. Profiting by past experience we have endeavored to make a more accurate and active discrimination against this form of insanity.

Having an unfavorable prognosis, it is undesirable and clearly prejudicial to make a diagnosis in many cases, unless the diagnostic features are clearly established. The insidious onset of the disease at times almost precludes knowledge of its presence. The detection of the psychosis prior to admission, being frequently overlooked, many cases are admitted who have been in a state of hebetude for years, but owing to their harmless tendency and family ties, they are deprived of proper care and treatment in a hospital. The hebephrenic type usually occurs at about the age of puberty, frequently cutting off the last years of schooling, this type showing a much earlier onset than either the paranoid or katatonic forms. In the majority of cases of the hebephrenic type, the onset has been under 20, and while a number have been admitted beyond that period

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of life, they show a variable duration prior to admission of from one to eight years. The average age of cases of dementia praecox admitted during the year in 232 cases was 28 years.

In the paranoid type, the duration prior to admission has varied from a few months to 25 years, many of them having been admitted in an advanced stage of deterioration. This type has also shown a later development, the average age on admission being about 30 years. This, however, is no criterion of the onset of the disease. A number of this type have been admitted at the age of 40 and over. Some have been transfers from other institutions. There has been a tendency exhibited in the hospital to extend the diagnosis of dementia praecox into the more advanced periods of life, in accordance with the original conception of the disease. Many of the cases have direct inheritance, and others are the progeny of alcoholic parents. At the onset of the disease, they have shown general inefficiency, indifference toward schooling, gradual change in disposition, habit deterioration and progressive mental enfeeblement in varying degree.

Our recoveries from all forms of dementia praecox have been about 10 per cent of admissions, while about 35 per cent have been discharged to their friends, or sent to their homes in an improved condition.

MANIC DEPRESSIVE INSANITY

Under this form, 87 patients or about 12 per cent were admitted. This being essentially a recurrent type of mental disorder, our movement of population shows that, while the number of admissions is high, the number of individual cases is much less. The 87 cases admitted this year have, through their various epochs of life, been admitted to this hospital 169 times, and it is not uncommon for a patient to have had two or more attacks within the same year. Forty per cent of this type of insanity are re-admissions, some having been returned to the hospital many times as follows: Four cases were admitted six times each; three cases five times each; two cases four times; 10 cases three times, and 24 cases twice admitted. Of the 87 cases admitted during the year, 50 have already been discharged, 30 of this number having recovered. The age on admission of this type is distributed throughout all epochs of life, the majority of cases, however, occurred between the 25th and 40th years.

A large percentage of our recoveries is drawn from this type of insanity. Many of the cases show uniformity in their syndrome, while again, some of the depressed type especially are extremely difficult to differentiate from other psychoses. Those cases con-

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taining admixtures have been placed in an additional class by themselves, under the heading "Allied to manic depressive insanity." Fifteen cases of manic depressive insanity were admitted during the year in the involutional or presenile periods of life. This is not unusual for the reason that the disease sometimes occurs at intervals throughout the entire life of the individual, not apparently shortening the recognized normal expectancy. The percentage of admissions of this form does not vary materially from that of last year.

PARESIS

Of all the psychoses this bears the distinction from others that it is always accompanied by somatic signs. Even with these as an aid in diagnosis, cases are met with in which it is hazardous to express an opinion, the more conservative plan being to hold the diagnosis in abeyance until, through its progressive feature, pathognomonic phenomena are observed. As an aid in the differentiation of this disease from other psychoses we have invariably resorted to cyto-diagnosis, i. e. aspiration of the spinal canal in the lumbar region and withdrawal of a small quantity of the spinal fluid for microscopic examination. Similar procedure is also resorted to in syphilitic and alcoholic conditions which may be considered akin to the above disorder. There has been some increase in the number of cases of paresis admitted during this year, possibly to some extent due to the additional recognition through the above aid in diagnosis. Again, no special class has been made of the purely syphilitic brain disorders in our nosology, owing to the final outcome in such cases being of a paraparetic nature. In the admissions during the year the syphilitic disorders have been of the diffuse meningeal type, no gummatous conditions having been diagnosed. It cannot be said that there has been a marked variation from the usual psychic phenomena of the disease exhibited in the year's admissions. Many have presented a quiet deterioration with euphoria, others with depressive conditions and alternating moods and emotional deterioration. These being merely the affective disorders in an undercurrent of true dementia.

PARANOIC CONDITIONS

Under this form in the classification is embraced a large number of cases characterized by delusions, with or without hallucinations, of rather stable type, and various degrees of systematization, without marked deterioration and with retention of memory and partial judgment. In the above class have been placed the purely affective disorders of intellectual type, formerly distinguished as monomania

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or paranoia. It is questionable whether or not the above is an advance over the older term. It can be said, however, of the paranoid condition that it gives a broader and more comprehensive view of a large class of admissions; while, on the other hand, it prevents isolation of some of the older and time-honored types, which, however, are of rather infrequent occurrence. Eighty-seven of our admissions were so classified. From a developmental standpoint, it appears as a condition which above all other psychoses exhibiting strong hereditary tendencies occurs during the epoch when man is at his best. The average age on admission was 43.6 years. No other form in the classification, aside from the involutional and presenile psychoses, gives such advanced age in development. Granting that the existence prior to admission will reduce this by one or more years, it still retains its place on the border of the involutional period as between the paranoid praecox and the senile epoch. Recoveries have been infrequent and confined to such cases in which alcohol has been a possible etiological factor.

INFECTIVE EXHAUSTIVE PSYCHOSES

Exhaustive and infective conditions, such as intense fright, grief, worry, nostalgia and conditions arising through pregnancy, the puerperium and lactation, or following profound hemorrhage or infection from other diseases appear as legitimate inciting causes in the majority of cases classed under this heading. It appears above all to be of a purely acquired origin, and lacking inherited tendencies ascribed to other forms of insanity. Here, as in the alcoholic psychoses, our classification breaks abruptly from the symptomatological to an etiological basis. In this we are without apology, having the inheritance of psychiatrists of past generations.

The future promises something from the study of the above psychoses of synthetical importance. A specific cause for purely acquired insanity in a normal being may sometime be isolated by means of this grouping. The accuracy with which this type has been recognized during the past year is portrayed in the comparative table hereto annexed. It may be added that from this, as well as the manic and alcoholic groups, comes a large share of our recoveries. In this class, also, every reason known to our profession is taken advantage of in the way of treatment. It is here that the continued baths with an enforced diet have been of signal benefit as a means of establishing a normal metabolism through diaplasmic functions. The most aggravated cases of this type, those in the wildest delirium, are placed and kept continuously in a bath of water, varying in

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temperature from 98° to 100° for periods varying from 24 hours to several weeks, the *modus operandi* of which has already been described in our report of last year, and has varied only by an increase in the facilities for the treatment of additional cases.

MISCELLANEOUS GROUPS

A brief summary of the remaining groups will be embraced under the above heading. Nine cases were admitted of depressions not sufficiently differentiated. Twenty-two cases of depressive hallucinoses and 49 cases of types allied to manic depressive insanity, to dementia praecox and to the infective exhaustive group. These cases are deferred for further study and investigation, many of which we hope to be enabled to place in the more specific grouping. In some, no definite etiology has been obtained; others are borderline cases, or fill in the gaps arising betwixt the more specific syndromes in the classification. In addition to the above, 28 cases of melancholia of involution, all occurring between the ages of 40 and 56, were admitted. This term is here restricted exclusively to the involutional epoch and climacterium. Eleven psychoses of pre-senile character, but not accompanied by obvious deterioration, comprise, with the latter, the psychoses occurring in the fifth and sixth decades of life.

SENILE DEMENTIA

Forty-one cases were admitted senile in type, several of whom, however, were received in transfer from other hospitals.

This hospital has been perhaps overcautious in receiving this class, owing to the persistent tendency on the part of institutions not connected with the State service and the preference of relatives of senile cases to the State Hospital above an almshouse, to secure their admission. It is only necessary to add that we have endeavored to comply conscientiously with the statutory requirements in the admission of such cases.

Other minor groupings are made in the classification which do not require further elaboration; such as, the psychoses occurring with confirmed epilepsy and imbecility, constitutional inferiority, thyrogenous and traumatic conditions, and cases of alcoholic delirium not properly considered as insane.

It is regretted that a large number of cases have been admitted which have not as yet been specifically classified. In the sense that the classification does not as yet completely fill the requirements of the hospital, it will be added to or varied to such extent as may be

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indicated by the results obtained from persistent and systematic work.

TABLE A

CLASSIFICATION OF PATIENTS ADMITTED DURING THE YEAR ENDING
SEPTEMBER 30, 1905—(*Women*)

Alcoholic psychoses.....	68
Dementia praecox.....	148
Dementia praecox (paranoid).....	58
Dementia praecox (hebephrenic).....	14
Dementia praecox (katatonic).....	12
Dementia praecox (allied).....	24
Depressions not sufficiently differentiated.....	9
Depressive hallucinoses.....	22
Drug intoxications.....	6
Involutional melancholia.....	22
Involutional psychoses (anxiety).....	5
Involutional psychoses (allied).....	1
Hysterical insanity.....	12
Gross brain disease.....	7
Paresis.....	50
Paranoic conditions.....	77
Manic depressive insanity.....	40
Manic depressive insanity (depressive type).....	13
Manic depressive insanity (manic type).....	32
Manic depressive insanity (mixed type).....	2
Manic depressive insanity (allied).....	22
Infective exhaustive psychoses.....	27
Exhaustive psychoses.....	21
Allied infective exhaustive.....	3
Psychoses accompanying other nervous disorders.....	10
Melancholia, symptomatic.....	1
Traumatic psychosis.....	1
Thyroidogenous psychoses.....	2
Senile dementia.....	41
Senile psychoses.....	11
Epileptic psychoses.....	21
Constitutional inferiority.....	14
Imbecility.....	11
Not insane.....	3
Total.....	810

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TABLE B—ADMISSIONS

COMPARATIVE TABLES SHOWING DIAGNOSES FOR THE YEARS 1904
AND 1905

	Ending Oct. 1904	Ending Oct. 1905
Alcoholic psychoses.....	70	68
Constitutional inferiority.....	2	14
Drug psychoses.....	2	6
Depressive hallucinoses.....	5	22
Depressions not sufficiently differentiated....	5	9
Infective exhaustive psychoses.....	51	51
Dementia praecox.....	290	232
Allied to praecox.....	20	24
Epileptic psychoses.....	29	21
Hysterical psychoses.....	5	12
Imbecility.....	22	11
Involutional melancholia.....	38	28
Manic depressive insanity.....	107	87
Allied to insanity.....	24	22
Melancholia, symptomatic.. .. .		1
Paresis.....	41	50
Paranoic conditions.....	117	77
Psychoses, with neurosis.....	2	10
Senile psychoses.....	58	52
Traumatic psychoses.....	4	1
Organic brain disease.....	8	7
Thyroidogenous psychoses.....		2
Not classified.....	11	
Not insane.....		3
Total.....	911	810

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TABLE C
SHOWING DEVELOPMENTAL PERIODS OF PSYCHOSES
Forms of Psychoses for the Year Ending September 30, 1905 (Women)

Age on admission	Imbecility with insanity	Dementia praecox	Allied to dementia praecox	Constitutional inferiority	Epileptic psychoses	Infective exhaustive psychoses	Manic depressive insanity.	Allied to manic depressive insanity	Alcoholic psychoses	Drug psychoses	Depressive hallucinoses	Depressions not sufficiently differentiated	Hysterical psychoses	Paranoid conditions	Melancholia of involution	Senile psychoses	Organic brain disease	Traumatic psychoses	Thyrogenous psychoses	Unclassified	Psychoses with neurosis	Not insane	Totals
Twenty and under.....	2	34	1	1	1	6	6	1	1	...	1	...	1	1	...	...	...	...	...	...	...	1	...
Twenty to twenty-five years.....	4	52	7	5	5	12	12	7	4	...	...	...	2	8	...	...	...	...	...	...	...	...	...
Twenty-five to thirty years.....	2	45	1	2	4	14	19	3	13	4	2	4	2	13	...	...	...	...	...	...	...	1	...
Thirty to thirty-five years.....	2	49	8	3	9	5	10	5	11	...	5	2	2	15	...	...	...	1	...	...	4	...	...
Thirty-five to forty years.....	...	26	4	...	3	7	16	1	16	...	9	1	...	14	...	...	1	...	2	...	...	...	...
Forty to forty-five years.....	2	16	2	...	1	5	9	3	10	1	3	1	...	12	...	...	...	...	...	...	3	...	...
Forty-five to fifty years.....	...	5	1	...	...	2	4	2	6	...	4	1	2	7	...	...	...	...	...	...	...	...	...
Fifty to fifty-five years.....	...	3	...	...	...	...	5	...	5	...	...	...	...	6	...	...	...	...	...	...	...	...	...
Fifty-five to sixty.....	...	...	...	...	...	...	4	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Sixty to sixty-five years.....	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sixty-five to seventy years.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Seventy to eighty years.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eighty and over.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total.....	12	232	24	14	21	51	87	23	68	6	23	9	13	77	28	52	7	1	2	...	10	3	810

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

The following is a tabulated statement of the operations made by Dr. LeRoy Broun, assisted by Dr. R. M. Rawls and the medical staff, in the gynecological division during the past year. They are 70 in number. These, added to the operations of the previous two and a half years, make a total of 312 operations done on this service. In no instance has any operation been undertaken except for the relief of physical suffering. The somatic state has alone been considered. The psychical condition has never been regarded, except in so far, as it might preclude any operative measures. While this plan has been closely adhered to, the subsequent progress of the mental improvement has been closely observed, to determine, if possible, to what extent the improved physical condition has influenced the mental improvement or recovery.

Of the 312 patients who were operated upon, 52 have been discharged as recovered from the psychical condition for which they entered the hospital. Twenty-four of these discharged as recovered have had their mental recovery greatly influenced by the improved physical condition brought about by the operation performed. This is in keeping with the experience of Pique who has been operating for a number of years on the insane of the Department of the Seine of France, and of Manton, of Detroit, who for a quarter of a century has been doing the same character of work in the East Michigan Hospital.

The classes of mental cases in which recoveries have been hastened by the relief from physical suffering, through the operations performed, are: Melancholia chronic, seven patients; Melancholia acute, seven patients; Mania acute, six; Dementia primary, four.

SEVENTEENTH ANNUAL REPORT OF THE
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MAJOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic condition
4-23-04	11389, M. K...	30	Married...	Poor.....	Melancholia, chronic..	7 months....	Retroversion, left ovarian cyst.
5-16-04	11470, J. Z....	39	Widow....	Fair.....	Melancholia, chronic..	2 years.....	Retroversion, left ovaries and tubal disease.
5-20-04	11492, C. S....	25	Single....	Good.....	Mania, chronic.....	4 years.....	Ventral hernia due to previous operation.
2-16-05	12001, B. M...	39	Married ...	Fair.....	Mania, acute epileptic.	2 weeks.....	Disease of appendix, retroversion, small ovaries cysts.
3-23-05	12059, K. D...	50	Widow....	Poor.....	.....	4 months....	Lacerated perineum, right inguinal hernia.
12-21-04	11884, S. M. ..	45	Separated .	Peritonitis, active.	Mania, acute alcoholic	1 month.....	Double pyosalpinx, ovarian abscess, dense adhesions.
6-26-09	6574, M. K....	30	Married...	Fair.....	Melancholia, chronic .	4 months....	Lacerations of cervix and perineum, retroversion.
9-24-04	11649, E. S....	46	Married...	Fair.....	Paranoia.....	1 year.....	Uterine fibroids, left femoral hernia.
3-2-03	10272, M. D...	25	Single....	Fair.....	Dementia, secondary to epilepsy.	Years (fall in infancy).	Ventral hernia from previous operations.
1-25-00	6984, M. A....	39	Married...	Fair.....	Mania, chronic.....	3 years.....	Complete uterine prolapse and large perineal laceration.
10-18-04	11704, M. S....	38	Married...	Poor.....	Mania, acute alcoholic.	2 months....	Uterine fibroids.
10-1-03	10759, H. W...	44	Married...	Good.....	Dementia, paralytic	1 year.....	Uterine fibroids.
11-19-04	11805, A.O.K..	62	Widow....	Fair.....	Melancholia, acute alcoholic.	Months.....	Epithelioma of cervix.
12-19-04	11880, F. H...	36	Married ...	Poor.....	Paranoia.....	20 months...	Disease of appendix, multiple fibroids, right cystic ovary.
3-3-05	12017, A. C....	46	Married ...	Fair.....	Melancholia, acute alcoholic.	4 months....	Uterine fibroids, cystic ovaries, diseased appendix.
11-14-04	11786, R. W...	28	Married...	Poor.....	Melancholia, chronic..	2 years.....	Retroversion, disease of appendix, lacerations.
12-8-04	11853, E. H...	27	Married...	Fair.....	Melancholia, acute...	3 weeks.....	Retroversion.....
5-18-05	12207, A. H...	30	Married...	Fair.....	Paranoia.....	5-6 years....	Anteflexion.....
10-31-04	11738, D. K...	35	Married ...	Poor.....	Melancholia, chronic.	3 years.....	Papillomatous right ovary.
1-19-05	11957, N. B...	23	Married...	Fair.....	Melancholia, acute (Puerperal).	4 months....	Retroversion, lacerations..
3-5-05	33647, I. C....	30	Married...	Poor.....	Melancholia, acute...	5 months....	Multiple fibroids, cystic right ovary.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

OPERATIONS

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result, mental	Remaining in hospital	Remarks
10-6-04	Left salpingo-oophorectomy.	Successful...	Much.....	Considerable	12-19-04	Recov'y.		
10-6-04	Left salpingo-oophorectomy, hysterorrhaphy	Successful...	Some.....	Considerable	12-26-04	Recov'y.		
10-27-04	Repair of ventral hernia.	Successful...	Little.....	Slight.....	2-20-05	Improv'd		
3-30-05	Hysteropexy, appendectomy, oophorectomy.	Successful...	Little.....	Slight.....	6-7-05			
7-18-05	Perineorrhaphy, right inguinal herniotomy.	Successful...	Some.....	Some.....	10-23-05	Improv'd		
4-6-05	Double salpingo-oophorectomy, hysterectomy.	Died 4-19-05 Peritonitis and broncho pneumonia.						
10-13-04	Excision of cervix-perineorrhaphy, hysterorrhaphy.	Successful...	Slight.....	None.....			10-1-05	
11-3-04	Right internal ring-closed, supravaginal hysterectomy left femoral herniotomy.	Successful...	Slight.....	None.....			10-1-05	
11-17-04	Operation for ventral hernia.	Successful...	Slight.....	None.....			10-1-05	
12-1-04	Perineorrhaphy, hysterorrhaphy.	Successful...	Some.....	None.....			10-1-05	
12-8-04	Supravaginal hysterectomy (ovaries left in).	Successful...	Some.....	None.....			10-1-05	
12-22-04	Myomectomy.....	Successful...	Some.....	None.....			10-1-05	
1-19-05	Vaginal hysterectomy..	Recurrence in scar.	Some.....	None.....			10-1-05	
3-9-05	Supravaginal hysterectomy, right oophorectomy, appendectomy.	Successful...	None.....				10-1-05	
4-27-05	Curettage myomectomy, left oophorectomy appendectomy.	Successful...	Some.....	Some.....			10-1-05	Much improved mentally.
5-4-05	Curettage, scar tissue removed from vagina, trachelorrhaphy perineorrhaphy, appendectomy, hysterorrhaphy.	Successful...	Some.....	None.....			10-1-05	Deteriorating mentally.
3-25-05	Curettage, hysterorrhaphy.	Successful...	Some.....	None.....			10-1-05	
6-25-05	Curettage, vaginal incision and uterosacral ligaments cut; profuse hemorrhage and abdomen opened.	Anteflexion less marked	Some.....	None.....			10-1-05	
7-18-05	Right oophorectomy...	Successful...	Considerable	None.....			10-1-05	
9-28-05	Curettage, excision of cervix, perineorrhaphy, hysterorrhaphy	Successful...	Some.....	Slight.....			10-1-05	
9-22-05	Supravaginal hysterectomy, right oophorectomy.	Successful...	None.....	None.....			10-1-05	

SEVENTEENTH ANNUAL REPORT OF THE
MANHATTAN STATE HOSPITAL—ANNUAL REPORT

MIDI

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic condition
9-26-04	11665, A. R...	39	Widow...	Fair.....	Mania, recurrent....	2 weeks.....	Laceration of cervix and perineum, endometritis.
10-6-04	11683, M. B...	37	Married...	Fair.....	Mania, acute.....	8 months. .	Laceration of cervix and perineum, endometritis.
1-25-05	11971, A. B...	46	Married...	Poor.....	Melancholia, acute (alcoholic).....	3 weeks.....	Laceration of cervix, complete laceration of perineum.
11-14-04	11782, R. H...	22	Married....	Poor.....	Mania, acute.....	6 weeks.....	Exudative mass from old pelvic abscess.
6-23-04	11587, M. B...	38	Married...	Fair.....	Mania, recurrent....	?	Laceration of perineum.
12-15-04	11868, C. O...	30	Married...	Fair.....	Melancholia, chronic.	2½ months...	Laceration of cervix and perineum.
1-30-05	11985, E. K...	47	Married...	Fair.....	Melancholia, acute...	1 year.....	Laceration of perineum.
3-25-04	11308, E. A...	30	Widow....	Fair.....	?	7 years.....	Anteflexion.
3-4-04	11252, B. R...	38	Widow....	Fair.....	.....	2 years.....	Laceration of cervix and perineum.
4-8-04	11346, R. J....	21	Single.....	Poor.....	.....	4 months....	Retroversion with shortening of left broad ligament.
10-4-04	33791, J. N...	29	Married....	.....	.....	.....	Laceration of perineum.
2-23-03	10140, A. K...	38	Single.....	Poor.....	.....	2 months....	Adhesion bands from cervix to vagina.
7-20-03	10542, M. C...	32	Single.....	Fair.....	.....	2-4 years....	Retrocession of uterus.
11-10-04	11795, A. F...	20	Married....	Fair.....	Dementia præcox....	4 weeks.....	Laceration of perineum.
10-5-04	11680, M. L...	34	Single.....	Good.....	Melancholia, acute...	2 months....	Slight endometritis.
4-27-04	11404, M. S...	23	Single.....	Good.....	Melancholia, acute...	6 weeks.....	Laceration of cervix.
1-13-05	11944, L. P...	36	Married....	Fair.....	Paranoia.....	5 years.....	Laceration of cervix.
2-3-03	10088, N. K...	39	Married....	Fair.....	Mania, chronic.....	2 years.....	Laceration of cervix, complete perineal laceration.
2-6-05	11994, B. D...	37	Widow....	Good.....	Paranoia.....	6 years.....	Laceration of cervix and perineum.
12-26-04	11897, B. W...	37	Married....	Poor.....	Paranoia.....	3 weeks.....	Rectal fistula, laceration of cervix and perineum.
10 20-04	11714, C. M...	26	Married...	Poor.....	Dementia, primary...	2 years.....	Laceration of cervix and perineum.
1-18-05	11954, M. D...	32	Married....	Fair.....	Imbecility.....	2 years.....	External hemorrhoids, perineal laceration.
11-16-04	11793, E. M...	31	Married....	Poor.....	Melancholia, acute...	3 weeks.....	Laceration of perineum.
11-16-01	9032, B. M....	31	Married....	Good.....	Melancholia, chronic.	2 years.....	Laceration of cervix and perineum.
12-29-04	11903, J. S...	42	Married....	Poor.....	Dementia, primary...	4 months....	Laceration of cervix and perineum.
11-3-05	12016, K. S...	36	Married....	Fair.....	Melancholia, acute (alcoholic recurrent)	1 year.....	Laceration of cervix and perineum.
10-4-04	11675, A. G...	21	Single.....	Fair.....	Dementia, primary...	2 weeks.....	Endometritis.....
3-10-05	12025, A. M...	26	Married....	Fair.....	Dementia, primary...	6 weeks.....	Laceration of cervix and perineum.
5-28-02	9449, M. S....	29	Married....	Fair.....	Melancholia, chronic.	2 years.....	Endometritis.....
4-26-05	12136, A. H...	43	Married....	Fair.....	Paranoia.....	1 year.....	Laceration of cervix and perineum.
4-29-05	12149, M. L...	39	Single.....	Fair.....	Paranoia.....	16 months...	Retroversion and endometritis.

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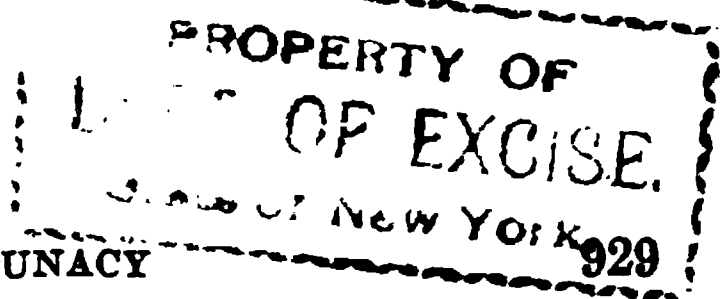
OPERATIONS

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result, mental	Remaining in hospital	Remarks
11-7-04	Curettage, excision of cervix and perineorrhaphy.	Satisfactory..	Slight.....	Some.....	1-16-05	Recov'd.	.....	.....
12-8-04	Excision of cervix and perineorrhaphy.	Satisfactory..	Slight.....	Some.....	1-24-05	Recov'd.	.....	.....
2-17-05	Curettage, excision of cervix, repair of complete perineal laceration.	Satisfactory..	Considerable	Some.....	4-3-05	Recov'd.	.....	.....
3-9-05	Mass incised and drained.	Satisfactory..	Much.....	Considerable	5-8-05	Recov'd.	.....	.....
1-12-05	Perineorrhaphy.....	Satisfactory..	Slight.....	Some.....	6-24-05	Much improved	.....	.....
4-6-05	Excision of cervix, perineorrhaphy.	Satisfactory..	Some.....	Slight.....	5-29-05	Impr'd..	.....	.....
4-27-05	Curettage, perineorrhaphy.	Satisfactory..	Some.....	Slight.....	8-7-05	Impr'd..	.....	.....
11-10-04	Curettage, insertion of stem pessary.	Anteflexion persists, Dudley's operation advised.	None.....	None.....	.....	.....	10-1-05	.....
11-17-04	Curettage, excision of cervix, perineorrhaphy.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
12-14-04	Curettage.....	Unsatisfactory	None.....	None.....	.....	.....	10-5-05	.....
1-5-05	Perineorrhaphy.....	Satisfactory..	Some.....	Slight.....	.....	.....	10-1-05	.....
1-5-05	Dilatation of cervix and separation of vaginal adhesions.	Satisfactory..	Considerable	Some.....	.....	.....	10-1-05	.....
1-5-04	Curettage.....	Unsatisfactory	Some.....	None.....	.....	.....	10-1-05	.....
1-12-05	Perineorrhaphy.....	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
2-2-05	Curettage.....	Satisfactory..	None.....	None.....	.....	.....	10-1-05	Had double ovariectomy performed before entering hospital.
2-2-05	Excision of cervix.....	Satisfactory..	None.....	Some.....	.....	.....	10-1-05	.....
2-2-05	Excision of cervix.....	Satisfactory..	None.....	Some.....	.....	.....	10-1-05	.....
2-9-05	Excision of cervix, repair of complete perineal laceration.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
3-30-05	Curettage, excision of cervix, perineorrhaphy.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
5-4-05	Excision of cervix, perineorrhaphy, excision of rectal fistula.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
5-11-05	Curettage, excision of cervix perineorrhaphy.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
5-11-05	Removal of hemorrhoids, perineorrhaphy	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
5-18-05	Curettage, perineorrhaphy.	Satisfactory..	Considerable	Slight.....	.....	.....	10-1-05	.....
3-2-05	Curettage, excision of cervix, perineorrhaphy.	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
4-6-05	Curettage, excision of cervix, perineorrhaphy.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
5-18-05	Curettage, excision of cervix, perineorrhaphy.	Satisfactory..	Some.....	Slight.....	.....	.....	10-1-05	.....
6-22-05	Curettage.....	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
6-27-05	Curettage, excision of cervix, perineorrhaphy.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
6-27-05	Curettage.....	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
7-11-05	Curettage, excision of cervix, perineorrhaphy.	Satisfactory..	Slight.....	None.....	10-1-05
7-18-05	Curettage.....	Satisfactory..	Slight.....	None.....	10-1-05

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OPERATIONS FOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic condition
2-11-05	11375, L. W. . .	26	Married. . .	Fair.	Melancholia, acute. . .	2 weeks. . . .	Retroversion, lacerations of cervix and perineum.
10-20-04	11711, L. B. . .	29	Married. . .	Poor.	Dementia, primary. . .	1 week.	Retroversion, lacerations of cervix and perineum.
12-22-06	11887, J. H. . .	25	Married. . .	Good.	Mania, acute.	9 days.	Retroversion, laceration of cervix, complete laceration of perineum.
11-16-04	11794, F. B. . .	44	Married. . .	Fair.	Melancholia, acute. . .	24 days. . . .	Retroversion, lacerations. .
12-16-04	11875, A. P. . .	24	Single. . . .	Fair.	Dementia, primary. . .	8 months. . . .	Retroversion.
1-14-05	11945, I. G. . .	40	Single. . . .	Fair.	Melancholia, acute. . .	1 week.	Retroversion.
6-30-04	11610, S. B. . .	34	Married. . .	Fair.	Paranoia.	3 weeks.	Laceration of perineum, retroversion.
12-12-03	11034, A. B. . .	39	Married. . .	Fair.	Melancholia, acute. . .	1 year.	Retroversion, laceration of perineum.
9-16-04	11658, C. L. . .	37	Married. . .	Fair.	Melancholia, acute. . .	2 months. . . .	Retroversion, lacerations. .
12-5-04	11845, M. P. . .	21	Single. . . .	Fair.	Dementia, primary. . .	3 months. . . .	Retroversion.
1-13-04	11115, D. M. . .	38	Single. . . .	Fair.	Melancholia, acute. . .	1 month.	Retroversion.
1-24-05	11970, S. S. . .	36	Married. . .	Fair.	Mania, acute.	6 days.	Retroversion.
1-18-05	11951, M. K. . .	43	Single. . . .	Fair.	Paranoia.	6 years.	Retroversion.
6-7-05	33344, H. H. . .	25	Married. . .	Fair.	Melancholia, acute. . .	4 days.	Retroversion.
3-23-05	12053, A. D. . .	40	Widow. . . .	Fair.	Mania, acute alcoholic.	Unknown. . . .	Laceration of perineum retroversion.
7-4-03	10507, M. S. . .	29	Married. . .	Poor.	Melancholia, acute. . .	6 months. . . .	Laceration of perineum, retroversion.
12-24-04	11892, K. F. . .	26	Single. . . .	Fair.	Dementia, primary. . .	2 months. . . .	Retroversion.
7-19-05	33559, J. D. . .	26	Divorced. .	Fair.	Melancholia, acute. . .	2 weeks.	Retroversion.



STATE COMMISSION IN LUNACY

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

DISPLACED UTERI

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result, mental	Remaining in hospital	Remarks
11-10-04	Excision of cervix, Perineorrhaphy Alexander's operation.	Satisfactory..	Some.....	Slight.....	2-11-15	Recov'd.	.....	Mental improvement before operation.
12-15-04	Excision of cervix, Perineorrhaphy, Alexander's Operation.	Satisfactory..	Considerable	Some.....	5-5-05	Recov'd.	.....	.....
3-23-05	Curettage, excision of cervix, repair of complete perineal laceration, Alexander's operation.	Satisfactory..	Slight.....	Some.....	5-2-05	Recov'd.	.....	.....
5-11-05	Excision of cervix, perineorrhaphy, Alexander's operation.	Satisfactory..	Slight.....	Slight.....	7-31-05	Impr'd..	.....	.....
2-2-05	Alexander's operation..	Satisfactory..	Slight.....	Slight.....	5-5-05	Impr'd..	.....	.....
2-9-05	Alexander's operation..	Satisfactory..	Some.....	Slight.....	5-27-05	Impr'd..	.....	.....
12-23-04	Perineorrhaphy, Alexander's operation.	Satisfactory..	Slight.....	Slight.....	.....	.....	10-1-05	.....
1-5-05	Curettage, perineorrhaphy, Alexander's operation.	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
1-12-05	Trachelorrhaphy perineorrhaphy, Alexander's operation.	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
3-16-05	Curettage, Alexander's operation.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	Has T. B. (?)
3-16-05	Curettage, removal of cervical polyp, Alexander's operation.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
3-23-05	Curettage Alexander's operation.	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
5-24-05	Curettage, Alexander's operation.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
6-22-05	Curettage, Alexander's operation.	Satisfactory..	Slight.....	None.....	.....	.....	10-1-05	.....
6-27-05	Curettage, perineorrhaphy, Alexander's operation.	Uterus not fully forward.	Slight.....	None.....	.....	.....	10-1-05	.....
7-11-05	Curettage, perineorrhaphy, Alexander's operation.	Satisfactory..	None.....	None.....	.....	.....	10-1-05	Has T. B. (?)
7-11-05	Curettage, Alexander's operation.	Satisfactory..	Some.....	None.....	.....	.....	10-1-05	.....
9-21-05	Alexander's operation..	Satisfactory..	Some.....	Slight.....	.....	.....	10-1-05	.....

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

The following operations were performed by Dr. W. Evelyn Porter during the year:

Removal of hæmorrhoids.....	6
Removal of cyst of gall bladder.....	1
Removal of vulvo-vaginal cyst.....	2
Removal of urethral caruncle.....	6
Sigmoidoplexy.....	1
Amputation of cervix.....	3
Abdominal section (Wylie's operation).....	3
Perineorrhaphy.....	11
Trachelorrhaphy.....	7
Curettage.....	20

The following is a list of gynecological examinations made during the year by Dr. Anna E. Hutchinson, woman physician:

Negative.....	137
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Appendages:

Cyst of ovary, left.....	3
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Uterus:

Fibroid.....	12
Sub-involution.....	7
Tuberculosis.....	1
Endometritis, severe.....	12
Pregnant.....	8
Retrodisplacements.....	194
Procidentia.....	19
Adherent to right side.....	6
Anteflexion, pathological.....	12
Laceration of cervix.....	279
Cervical polyp.....	5

Vulva:

Perineal laceration.....	221
Laceration through sphincter.....	4
Urethracele.....	11
Rectocele.....	10
Cystocele.....	5
Vulvo-vaginal cyst.....	4
Urethral caruncle.....	7
Venereal warts.....	3
Papilloma.....	1
Ferunculosis.....	1
Varicose veins.....	3

Hernia:

Femoral.....	2
Inguinal.....	2

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

Umbilical.....	7
Ventral.....	1
Old laparotomy scar.....	1
Cases admitted to hospital after operation:	
Double ovariectomy.....	2
Hysterectomy.....	9
Ventral suspension.....	6
Mammary glands:	6
Carcinoma of left side.....	2
Abscess of right.....	2
Rectal prolapse.....	2
External hemorrhoids.....	4
Pelvic abscess.....	2
Floating kidney, right.....	6
By invitation the following observations have been made by Dr.	
W. Sohler Bryant:	
Cases examined.....	131
Naso-pharynx:	
Negative.....	7
Normal.....	3
Pathological.....	121
Hearing:	
Negative.....	28
Normal.....	2
Diminished.....	101
Ear disease:	
Determined.....	117
Not found.....	2
Negative.....	12
Tinnitus:	
Negative.....	32
Previous.....	11
Present.....	51
Absent.....	37
Auditory hallucinations:	
Previous.....	14
Present.....	81
Absent.....	15
Undetermined.....	21
Psychic classification:	
Unclassified.....	62
Dementia præcox.....	36
Paranoia.....	20
Paresis.....	13

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

The following operations have been performed by visiting surgeons with success in each case:

Repair of vesico-vaginal fistula, by Dr. Lusk; two nephropexies, two excisions of the breast, one mastoid abscess, one strangulated femoral hernia, and one varicose veins of leg, by Dr. Bickham.

GASTRO-INTESTINAL DISEASES

During the past year numerous visits have been made to this division of the service by Dr. Robert Coleman Kemp, consulting physician, and Drs. Theodorus Bailey and C. T. Graham-Rogers, assistants. Tuesday and Thursday of each week at 2 p. m. are the visiting days, and an average of two hours each visit is devoted to this work. Clinics are held every Tuesday by Dr. Kemp and his assistants, and these have been largely attended. Dr. Achilles Rose, of the post-graduate school, has co-operated with Dr. Kemp in his demonstrations. Special clinics have also been held in this department by Drs. Robert T. Morris, Thomas E. Satterthwaite and Achilles Rose.

Special treatment has been given to all gastro-intestinal cases in the institution, such as colitis, gastritis, ulcer of the stomach, etc.

In the epileptics under observation the condition of the gastro-intestinal tract has been determined, and diet and medication suited to each case have been carried on.

Test meals are given in all cases, and qualitative and quantitative analyses of the stomach contents were made. Transillumination of the stomach (gastro-diaphany) has been performed about 125 times.

During the past year clinical lectures for the benefit of the staff, the nurses and outside practicing physicians have been given on the following subjects: Physiology of digestion, methods of locating the position of the stomach and intestines, the splashing sound, acute gastritis, chronic gastritis, acute and chronic dilatation of the stomach, hyperchloridria, ulcer of the stomach, cancer of the stomach, lavage, electrotherapeutics in gastro-intestinal diseases, diet, enteritis, colitis, mucous colic, gastropexia, dysentery, treatment of typhoid fever, the Brand and Nauheim bath in typhoid, Rose's belt and its indications, vibratory massage, etc.

Dr. Robert T. Morris delivered two interesting lectures on Indications for surgery in diseases of the stomach. Dr. E. E. Smith, a well-known pathologist, has taken up special work in examination of the stool in connection with this department.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

It is the aim to secure for all our patients special treatment for their gastro-intestinal complaints, and also to study the relations of auto-infection from the gastro-intestinal tract to nervous and mental diseases.

At the women's division of the hospital a gastro-intestinal chart has been introduced for all new cases. On this is placed the mental diagnosis and also the gastro-intestinal condition found by examination. At the bottom of each chart a memorandum is made of the treatment and the results. This is bound in with the history of the patient. A duplicate is to be filed separately, so that at any time, under the various types of nervous or mental diseases, we can find the conditions existing in the gastro-intestinal tract and the treatment employed with the results secured without reading through the history of the case. This method is to be extended to the men's division. The chart is as follows:

MANHATTAN STATE HOSPITAL, WARD'S ISLAND

Name:	Age:	Ward:
Date:		
Diagnosis,		
GASTRO-INTESTINAL CHART		
Diagnosis.		
Stomach.		
Percussion	Normal position	
	Atony	
Splashing sound	Dilatation	
Palpation		
Nephroptosis	Gastroptosis	
Vomiting		
Ewald's Test Breakfast	Residuum Aspirated c. c.	
Reaction	Total Acidity	Free HCL.
Uffelmann's Test	Pepsin Rennet	Starch Digestion
Mucus	Blood	Hyperacid Normal
Anacid Hypoacid	Achylia Gastritis	Fermentation
Liver	Spleen	Kidneys
Intestines		
Percussion	Palpation	
Movements		
Normal Irregular	Constipation	Diarrhea
Mucus	Blood	Odor
Enteroptosis		
Treatment	Results	

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

VISITS OF THE STATE COMMISSION IN LUNACY

Frequent visits have been made by the State Commission in Lunacy either as a board or individually during the past year. Several conferences of the commission have been held at the hospital for the purpose of discussing business affairs, the needs of the hospital, estimates, etc. Dr. William L. Russell, medical inspector, has made frequent visits, has thoroughly examined the patients and the hospital conditions, and has always been willing to investigate cases submitted to him for his opinion in regard to the mental status and the propriety of retaining such in the hospital care.

BOARD OF VISITATION

The board of visitation consisted of the following members at the time the abolishment of the board was brought about by the law uniting the two hospitals: James MacGregor Smith, president; Mrs. Grace Gillette Bird, secretary; George D. Mackay, William M. V. Hoffman and Edward G. Bailey. This board faithfully carried out the provisions of the law, and visited the hospital each month either as a board or individually as members. Every member of the board manifested great interest in the hospital, made thorough inspections and often gave valuable advice. Their function as a board terminated June 1, 1905.

STATE CHARITIES AID ASSOCIATION

This hospital has been occasionally visited by Mrs. Eleanora Kinnicutt, Miss Mary Vida Clark, assistant secretary, and Miss Florence M. Rhett. These visitors have always manifested great interest in the welfare of our patients and in the hospital generally, and their inspections have always been welcome.

FIRE DRILLS

The hospital is fairly equipped for protection against fire and as heretofore the chief engineer gives frequent lectures to the employees on the rules to be observed in case of fire, and also directions for the use of the fire apparatus.

A representative of the New York city fire department visits the hospital frequently and drills our employees in the use of the fire engines and hose. Ward drills are also held.

NEW AMUSEMENT HALL

A new amusement hall has been constructed, having a capacity of about 800. This hall is a one-story frame building constructed with

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

a stage at the east end. It is located on the east side of the main north and south roadway at the women's division, nearly opposite the new branch building. It supplies a need of the hospital which has long been felt, and is used for entertainments of various kinds, church services and for the training school lectures.

RELIGIOUS SERVICES

Rev. Alfred Blewitt, M. E. chaplain, who has been many years in the service, officiated with continued credit at the Protestant services during the year. Rev. T. Gardner Littell has also very acceptably conducted the Episcopal service. Rev. Rufus Duff, the Catholic chaplain, has continued with undiminished interest and fidelity in his work. I commend these clerical gentlemen for the kind offices of their profession among our unfortunate wards.

MEDICAL LIBRARY

The total number of books in the medical library is now over 500. This includes the medical library of the men's division which, in accord with the other changes, was transferred to the general offices at the women's division.

PATIENTS' LIBRARY

One hundred books have been added to the patients' library, making a total of 2,829 volumes. This includes 2,039 volumes in the patients' library of the east division.

IMPROVEMENTS DURING THE YEAR

The following special work, which was under way at the beginning of the fiscal year, has been completed:

Two new transformers have been installed in fireproof room in basement of Verplanck building.

A cement gutter has been completed around outside of ward 13 and on west side of ward 15, to prevent water from undermining building.

A new frame amusement hall, accommodating 800 persons, has been completed and furnished; the plumbing, heating and electric lighting have been installed by the hospital.

The addition to the cottage formerly occupied by the superintendent, and now occupied by the purchasing steward, has been completed; heating, plumbing and electric lighting having been done by the hospital.

A cement circuit for steam and water pipes has been completed from the annex to ward 34.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

A new fire pump has been installed at the power-house, with the necessary pipes and fittings, connecting with the buildings over two stories in height in the west division. This pump was necessary for better fire protection, as the water pressure was very low in the upper stories of these buildings.

Two steam tables have been provided, one each for the wooden pavilions erected at the south end of the island.

A large addition has been built to the staff house, which provides accommodations for 11 officers and furnishes apartments for the first assistant physician.

A one-story solarium, accommodating 40 patients, has been built, east of ward 17, the same as the one built last year east of ward 21.

The following special improvements have been allowed by the State Commission in Lunacy for the west division of the hospital and will be completed during the year:

The room on the first floor of the male employees' home, formerly occupied as a carpenter shop, has been plastered inside and is now occupied by women patients as a mat factory.

One thousand cubic feet of blue stone screenings have been purchased for the walks.

The interior of the old part of the staff house has been repainted.

Cement walks have been laid, one from the Pathological Institute to the road north of the staff house and one from the corner of the Verplanck dining room to ward 31.

The necessary new furniture has been purchased for the addition to the staff house, together with awnings, window screens and doors.

Awnings, window screens and doors, and necessary furniture have been purchased for the purchasing steward's cottage.

The south side of the wooden pavilion (Camp C) was removed during the year and portable panels substituted, which are removed in the summer and replaced by canvas; this pavilion being now the same as Camp D, which was completed later.

A narrow gauge track has been laid from the coal dock, west side, to the main boiler-house, east side, and four cars provided, allowing us to unload all coal at the west dock with the coal-hoisting apparatus.

The Parson blower system has been installed in both boiler-houses in east division, No. 3 buckwheat coal now being burned under all boilers.

One new tent 20 feet by 56 feet has been provided.

A toilet for the use of officers in basement of ward 23 has been installed.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

An extension to the cable railway trestle has been built, adding 100 feet to each trestle.

The following special improvements have been made during the fiscal year in the east division:

The plumbing of wards 47, 51 and 54 was completed.

Repairs to roofs have been made.

Painting of interior of ward 48, main building, has been completed.

Seven boilers in main boiler-house have been reset.

A wooden pavilion, 20 feet by 70 feet to accommodate 35 patients, has been erected. This pavilion has been provided with heat and is to be used during the winter as well as the summer.

The male employees' home has been repainted, new spray baths and tubs have been installed, cork carpet has been laid and necessary repairs have been made.

Awnings have been provided for fire-escapes on wards 44 and 45. These fire-escapes are used during the summer months as piazzas, patients being on them the greater part of the time during the day.

The bakery has been repainted inside and out.

Wards 57, 59 and 62 have been repainted.

The following special work is now under way and will be completed during the coming year:

Material has been ordered for the installing of four continuous baths, two each in wards 44 and 45.

Six radiators and material for installing them in the industrial shops on first floor of men's home, west side, have been purchased, and work is now being done.

An electric exhaust fan and material for installing it in dining room No. 11, annex building, have been purchased.

An electric motor and fan and material necessary for installing them have been purchased for kitchen 4, east building, and two steam kettles have been ordered to refurnish this kitchen.

Material has been purchased to run steam and return lines to the stable, carpenter and paint shops, east division, and for the building of a brick conduit in which the lines are to be installed. By installing these lines, we will be enabled to discontinue the use of stoves, which were formerly used in the carpenter and paint shops, thus avoiding damage from fire.

Material and labor has been allowed for re-plumbing wards 37, 39 and 42, main building.

Material and labor have been allowed for remodeling the second floor of the main boiler-house, east division, for firemen's quarters.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

These rooms, when built, will accommodate 30 firemen; spray baths, tubs and toilets will be provided.

Material has been allowed for painting kitchen 4 (interior), and for repairs to windows, floors and woodwork throughout the east building. This work is all under way.

SPECIAL IMPROVEMENTS REQUIRED

Among the special improvements needed for the hospital during the coming year the following are mentioned as the most important, all of which should be completed at the earliest date possible:

Home for men employees to be located on the east side of the island, near the men's buildings, and to accommodate 200 persons.

(Estimated cost, including heating, lighting and plumbing).....\$60,000 00

(200 persons \$300 per capita.)

This home should be built three stories high to provide the accommodations at the lowest per capita cost possible, the same to be provided with a high basement at least three-quarters above the ground, to be occupied by shops for the manufacture of shoes, brushes, brooms, mats, etc. The present shops for the manufacture of these articles in the basement of the men's home in the east division is very low and damp, and unsuitable for occupancy by patients who are employed daily at such labor.

We have at the present time 122 regular men employees sleeping outside of the two homes; of these many are sleeping in the basement of the main building, an unfit place for this purpose; others are occupying rooms in wards which could be turned over to the patients, and which, in our present overcrowded condition, are badly needed for them.

Of the women employees, 79 are sleeping in wards, 41 in rooms on the third floor of the Verplanck building, and 25 in the east building—center, wards and towers.

Our present men's home has accommodations for 85 men, and it is proposed to build the new home for these 85 and the 122 who are sleeping outside of the homes, giving up the present home to the use of the women employees. This will accommodate all but about 50 women employees, who can be accommodated in the space now

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

occupied by the nurses on the third floor of the Verplanck building, and in the center wards and towers of the east building.

This proposition is made in the interest of economy, as the one home to accommodate 200 persons can be built at a lower cost than the two homes to accommodate 100 each for men and women; or, additions to the present homes to accommodate this number each.

I would earnestly recommend that the appropriation for this building be allowed, so that it can be built during the coming summer and occupied next winter.

Building consisting of ophthalmologist's room, odontologist's room, operating room, etherization room, reviving room, dressing room and examination room.....\$30,000 00

This building is asked for and is necessary in order to properly carry on the medical and surgical work now being done in the hospital. In erecting this building at this cost, to accommodate 50 patients after operations, it will greatly add to the scientific work of the institution.

Building for infectious and contagious diseases..... 3,500 00

It is very necessary to have a building of this kind, being situated as we are and receiving from a very large city in which diseases are so common. The outbreak of diphtheria illustrates the necessity of having a pavilion of this kind. Tents could be used in the summer, but would be extremely awkward in the winter.

Wooden pavilions, to accommodate 35 patients each, including heating, lighting and plumbing (two)..3,000 00 6,000 00

It is proposed to locate these wooden pavilions one on each side of the island, one to be occupied by men and the other by women patients. These pavilions, being supplied with heat, are used throughout the entire year, while it is necessary to discontinue the use of the tents during the winter months.

Sitting room pavilion, 30x30 feet (one)..... 2,500 00

This pavilion to be built in the same way as the dormitory pavilions, and to be erected in connection with the women's pavilions at the south end of the island, to be used as a sitting-room in order to allow the patients to leave their sleeping-rooms during the day. This will add greatly to their comfort at a comparatively small cost.

Summer pavilions, 75x100 feet (two)..... 2,000 00 4,000 00

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It is proposed to build these summer pavilions, one for men and one for women patients. They will be used during the summer months in rainy weather, thus allowing the patients to sit outdoors at such times when otherwise it would be necessary to keep them in the wards. Each pavilion will be provided with a platform for band concerts or other entertainments. They will also be used for dancing.

Extension to laundry building..... \$3,000 00

This extension is badly needed, as since the consolidation of the hospitals the room in which soiled clothes are received is too small, a large part of it being occupied by the engine and sterilizer, and more room is needed in the room used for sorting clothes for distribution to the wards. More ironing room is also needed.

Addition to cold storage building..... 1,500 00

This addition is necessary to provide an ice storage room, the present one being so small as to hold little more than the quantity of ice manufactured each day. It is proposed to furnish in this addition a room which will hold several days' supply of ice, so that if it becomes necessary to shut down the ice plant for repairs it can be done without the necessity of purchasing or going without ice. More storage space is also needed since the consolidation of the hospitals, and it is proposed to build in the space between the two wings on the east side of the building, thus providing the needed storage room. The addition to be two stories high; same as the north wing of the building.

Fire pump and water lines for fire protection..... 7,000 00

The above item covers recommendation of Supervising engineer Miller. He proposes a pump large enough to supply water for fire protection to all the buildings on the island, and the necessary lines for carrying this water. I would suggest that the plans and specifications be prepared by the State architect.

Changing steam and water pipes and toilets in the medical offices and hallways..... 1,000 00

The pipes in the offices and hallways are all exposed, and are very unsightly; the toilets are unsanitary, being located in one end of the hall and separated only by a three-quarter wooden partition. It is proposed to change

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

this piping, placing it under the floors as far as possible, and to change the location of the toilets, placing them in the corridor in the basement under the sitting-room of ward 1. These changes would greatly improve the appearance of the offices, and would provide proper toilet rooms for office employees and visitors.

Rewiring of buildings in the east division to be completed. (900 outlets, estimated average \$7.00 each).. \$6,500 00

This appropriation is necessary for the reason that the appropriation last year leads up to a certain point of installation and cannot be completed without additional funds, as herein requested, the wiring of these buildings being of such a character as to be unsafe, and it is necessary to rewire in all instances to secure safety to the patients occupying them.

Congregate spray bath in cellar of Verplanck building.. 1,050 00

It is proposed to install in the basement of the Verplanck building, which is occupied by about 525 patients, a congregate spray bath, similar to the one installed in the basement of dining-room No. 8. This bath will accommodate the patients of the Verplanck and annex buildings without their being obliged to go out of doors, as the Verplanck building can be reached through the food car tunnel from the annex. This bath would therefore provide for about 888 patients, who can reach it without going outside, and 200 patients in the pavilions—wards 31 to 34—in addition, who would only have to walk across the road from these wards to the annex, where they could then reach the bath through the conduit.

Areaway around annex and cutting down windows of dining-room..... 2,000 00

The basement of the annex building is used as a dining-room for about 550 patients, who occupy the annex and wards 31 to 34. It is two-thirds under ground, and is so damp as to made it impossible to retain paint on the side walls on account of the moisture which collects. The windows, being very short, do not afford the proper ventilation, and it is proposed to dig away from the foundation to the depth of the floor, providing a cement floor with the proper drainage and a wall a sufficient distance from the building to provide the necessary air space. By doing this the windows can be lengthened so as to provide the proper ventilation in this room.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

We have at the present time only eight arc lights on the grounds, and these are on the west side of the island. We wish to extend the arc light system, providing additional lamps on the west side and sufficient lamps on the east side to properly light the grounds.

Steel ceilings for five wards of main building, east division..... \$1,800 00

This appropriation is necessary to complete the work of installing steel ceilings in all the wards of the main building, east division, there remaining still five wards which have not been equipped with steel ceilings.

Cement walks..... 500 00

This appropriation is asked for to extend the cement sidewalks throughout the institution, it being proposed to carry out the sidewalk plan for the exercise of the patients in bad weather. It is proposed to extend these walks in the most desirable directions, to make sufficient sidewalk accommodations for the purpose above mentioned.

Washing machines for the laundry (four)..... 740 00

During the year it will be necessary to replace at least four of the laundry washing machines, they being now badly worn and having been repaired many times.

Lawn benches, 6-foot, No. 100, prisons, 150 at \$4.50.. 675 00

These lawn benches are needed, in addition to the ones now in use, as we found during the last summer that there were not nearly enough for the patients who sit outside during the summer months, and, in addition to this, it was necessary on field days, when the exercises were held on the grounds, at the east side of the island, to carry over all benches on the west side, returning them after the sports were over. This was very hard work, and consumed the greater part of the day before and the day after the exercises, and the services of a large number of the best working patients, who could have been otherwise employed to advantage.

Renewals to docks, foot of East 116th street and west side of Ward's Island..... 1,000 00

The amount as estimated above to cover additional planking necessary for re-surfacing portions of the city dock, and of the island docks, as will be needed during the year.

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Broken blue stone and screenings. (For roads.) 1,000 yards at \$1..... \$1,000 00

This blue stone is needed to repair and recover roads, especially on the east side of the island, where they are in very bad condition.

Painting exterior of wards 17 to 21..... 1,500 00

Painting exterior of wards 31 to 34..... 700 00

The buildings above mentioned are very badly in need of paint, and the matter should be attended to during the coming year to prevent their deterioration.

Painting interior of dining-rooms Nos. 2, 3 and 4 and clerks' dining room and dining-room No. 8..... 450 00

Painting interior of kitchen No. 3 and dining-rooms connected with it..... 450 00

The painting covered by the foregoing two items is necessary, as these buildings are new and their interiors have never been painted. The walls are now very much soiled and the painting should be done as soon as possible.

Additional furniture..... 2,500 00

The above amount is estimated as necessary to furnish additional furniture for wards, and officers' and employees' quarters, and to replace such furniture as it will be necessary to condemn during the year.

ACKNOWLEDGMENTS

The following donations are gratefully acknowledged:

Fruit and Flower Mission, fruit, Christmas greens, Christmas trees, candy, pop corn.

Miss Lange, two pictures.

Rev. Rufus Duff, fruit.

Rev. Alfred Blewitt, cards and candy.

Rev. T. Gardiner Littell, candy and oranges.

Andrew J. Hope, candy.

N. Barasch, copy of "Recreation" magazine.

American News Company, magazines.

Hospital Book and Newspaper Committee, Charles K. Beekman, chairman, newspapers, magazines and books. During the year 48,489 newspapers, 3,260 magazines and six books have been donated to the hospital.

Locust and cedar trees from St. Johnland Home, Kings Park, New York; Rev. N. O. Halstead, superintendent.

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Rustic flower stands from Dr. G. A. Smith, superintendent of Central Islip State Hospital, Central Islip, New York.

Locust and cedar trees from Dr. Wm. Austin Macy, superintendent Kings Park State hospital, Kings Park, New York.

One pig for Labor day sports from Dr. Wm. Austin Macy, superintendent, Kings Park State Hospital, Kings Park, New York.

Dr. Adolf Meyer, director of the Pathological Institute, has rendered valuable assistance at our staff meetings during the past year.

CHANGES IN MEDICAL STAFF

The following appointments were made during the year:

Dr. Morris J. Karpas, medical interne, November 1.

Dr. Charles H. Montgomery, junior physician, December 1.

Dr. Sylvester F. O'Day, medical interne, January 17.

Dr. Henry J. Harp, Jr., medical interne, February 24.

Dr. Samuel W. Hamilton, junior physician, March 1.

Dr. Leroy J. Smith, junior physician, June 24.

Dr. Edward Miltimore, medical interne, August 1.

Dr. John L. Pomeroy, medical interne, August 1.

Dr. Henry E. Ricketts, medical interne, August 1.

Dr. Charles E. Conrad, medical interne, August 1.

The promotions were as follows:

Dr. Everett M. Hawks, to junior physician, November 1.

Dr. Harry E. Mereness, Jr., to assistant physician, January 1.

Dr. Philip Smith to assistant physician, January 1.

Dr. John L. Washburn, to assistant physician, February 1.

The following resignations have occurred:

Dr. Arthur C. Delacroix, assistant physician, November 1.

Dr. Michael T. Reynolds, junior physician, December 27.

Dr. Everett M. Hawks, junior physician, January 15.

Dr. Charles H. Montgomery left the service January 20.

Dr. Sylvester F. O'Day, medical interne, March 17.

Dr. James M. Parkinson, junior physician, April 30.

Dr. George B. Campbell, second assistant physician, June 21.

Dr. Hermon E. Hasseltine, medical interne, July 31.

Dr. Sumner E. Douglas, medical interne, August 10,

Dr. Harry E. Mereness, Jr., assistant physician, August 11.

Dr. Leroy J. Smith, junior physician, August 15.

The following transfers took place:

Dr. Christopher J. Patterson, assistant physician, from Buffalo State Hospital, November 1.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

Dr. Charles H. Holmes, assistant physician, to Pathological Institute, November 15.

✓ The following death occurred:

Dr. Hunter A. Bond, assistant physician, November 13.

CLINICAL ASSISTANTS

Dr. Herbert C. Woolley, resigned.

Dr. Harry G. Harris, resigned.

Dr. Edward Miltimore, appointed and promoted to medical interne.

Dr. John L. Pomeroy, appointed and promoted to medical interne.

Dr. Henry E. Ricketts, appointed and promoted to medical interne.

Dr. T. J. Mahoney, appointed and resigned.

Dr. Henry E. Jenkins, appointed and resigned.

Dr. John Overton, appointed and resigned.

Dr. J. S. Richards, appointed.

Dr. J. R. Wilson, appointed.

Dr. C. W. Chapin, appointed.

Dr. Palmer H. Bowdish, appointed.

Dr. Ramon Guiteras resigned his position as consulting physician owing to press of other professional work. He had been contemplating this step for a considerable period of time.

Dr. George B. Campbell, second assistant physician, who had been in the service of the hospital since March, 1892, resigned June 21, 1905, to accept a position on the New York State Board of Alienists. Dr. Campbell has been a very enthusiastic, painstaking and efficient physician, and the hospital sustains the loss of a capable officer by his resignation.

It is with deep regret that I report the death of Dr. Hunter A. Bond, which occurred November 13, 1904, at his home in Virginia. The doctor had, for some months prior to his death, been in ill-health, and was away on leave of absence several weeks before the date of his death. He had been in the service of the hospital since February 1, 1897, and was an accomplished gentleman and physician, conscientious and painstaking in his work and beloved by his patients and associates, and the hospital lost a zealous and ardent worker.

ASSISTANT STEWARD

Lewis Webb, formerly resident steward, was appointed assistant steward June 1, 1905.

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Attached herewith is my report as treasurer; also the usual statistical tables.

The annual per capita cost, estimates 1 to 12 for the year ending September 30, 1905, was \$167.7137, against a per capita cost for the last fiscal year of \$170.7603; this being the average per capita for the East and West Hospitals. The per capita cost for the East Hospital last year was \$173.8975 and that of the West Hospital, including all general administration costs, \$168.0409.

In comparing these annual per capita costs, allowance should be made for the per capita on estimate 2—which this year is \$4.83 higher than last year on account of the increase in employees' wages. This year's per capita cost would, therefore, show, outside of estimate 2, a saving of \$7.87 per capita instead of \$3.04, the actual saving.

In conclusion I feel under great obligations to the Lunacy Commission for their assistance and encouragement during the past year.

I am especially grateful to the Lunacy Commission for encouragement and advice during the trying ordeal incident to the reorganization of the two hospitals. My thanks are due to the board of visitors and to the visiting committee of the State Charities Aid Association.

I also wish to express my feelings of appreciation to the members of the medical staff for their co-operation in the medical work of the hospital. I further desire to acknowledge the usual faithful service of other officers and employees in their various departments.

Respectfully submitted,

E. C. DENT

Superintendent

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

REPORT OF THE TREASURER

NEW YORK, October 1, 1905

State Commission in Lunacy:

Gentlemen—I have the honor to report receipts and disbursements on account of the Manhattan State Hospital, from October 1, 1904, to September 30, 1905, as stated below:

GENERAL FUND

Receipts

Balance on hand October 1, 1904.....	\$15,144 83
From State comptroller, October 1, 1904, to September 30, 1905.....	712,470 00
From reimbursing patients, October 1, 1904, to September 30, 1905.....	18,881 78
All other sources, October 1, 1904, to September 30, 1905.....	6,924 62
Deficit September 30, 1905.....	3,021 50
<hr/>	
Total receipts for maintenance October 1, 1904, to September 30, 1905.....	\$756,442 73

Disbursements

Estimate No. 1. Officers' salaries.....	\$35,856 00
Estimate No. 2. Wages.....	261,119 79
Estimate No. 3. Provisions and stores.....	271,927 41
Estimate No. 4. Ordinary repairs.....	26,857 61
Estimate No. 5. Farm and grounds.....	8,244 80
Estimate No. 6. Clothing.....	23,719 58
Estimate No. 7. Furniture and bedding.....	19,232 28
Estimate No. 8. Books and stationery.....	4,022 37
Estimate No. 9. Fuel and light.....	46,869 97
Estimate No. 10. Medical supplies.....	5,397 51
Estimate No. 11. Miscellaneous expenses.....	28,710 95
Estimate No. 12. Transportation of patients.....	279 62

Total disbursements, estimates 1 to 12, inclusive..	\$732,237 89
Paid State treasurer money received from patients	18,881 78
Paid State treasurer money received from other sources	5,323 06

Total disbursements.....	\$756,442 73
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MANHATTAN STATE HOSPITAL—ANNUAL REPORT

SPECIAL FUND

Receipts

From State comptroller during year ending September 30, 1905, including general administration.....	\$66,904 26
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Disbursements

Sundry vouchers, account extraordinary improvements, including general administration, during year ending September 30, 1905.....	\$66,904 26
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MANUFACTURING FUND

Receipts

Balance on hand October 1, 1904.....	\$3,696 64
Receipts from accounts and interest.....	7,055 52
Total receipts.....	\$10,752 16

Disbursements

Total disbursements during the year.....	\$10,050 40
Balance on hand.....	701 76
Total disbursements.....	\$10,752 16

Respectfully

E. C. DENT
Treasurer

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

SPECIAL TABLE No. 1

Number of physicians.....	30
Ratio of physicians to patients.....	1 to 145.5
Annual per capita cost of medical service.....	\$7.3193

SPECIAL TABLE No. 2

Number of employees.....	738
Ratio of employees to patients.....	1 to 5.92
Ratio of attendants to patients.....	1 to 9
Annual per capita cost of employees.....	\$59.8076

SPECIAL TABLE No. 3

Recoveries

Percentages:

On number admitted.....	21.96
On average daily population.....	7.29
On whole number treated.....	5.55
On number discharged.....	32.38

SPECIAL TABLE No. 4

Deaths

Percentages:

On number admitted.....	22.69
On average daily population.....	8.15
On whole number treated.....	6.21
On number discharged.....	36.26

SPECIAL TABLE No. 5

Statement of the Quantities of Staple Articles Purchased from October 1st, 1904, to September 30, 1905

Wheat flour, barrels.....	5,932.8216
Meats, fresh, pounds.....	891,855
Meats, salt, pounds.....	107,551
Sugar, pounds.....	232,089
Coffee, pounds.....	53,788
Tea, pounds.....	12,012.5
Butter, pounds.....	171,864
Eggs, dozens.....	81,950
Coal, tons.....	20,887.889

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

SPECIAL TABLE NO. 6

Average Purchase Price and Per Capita Cost of Staple Articles of Consumption for the Year Ending September 30th, 1905

	Average cost	Per capita cost
Meats, fresh, per pound.....	\$0.0614	\$12.3444
Poultry, per pound.....	.1504	.6118
Wheat flour, per barrel.....	5.2239	7.0986
Butter, per pound.....	.2157	8.4895
Cheese, per pound.....	.0863	.6674
Milk, condensed, per quart.....	.155	7.647
Milk, cows', per quart.....	.0443	1.2057
Eggs, per dozen.....	.2011	3.7747
Tea, per pound.....	.1719	.4728
Coffee, per pound.....	.119	1.4663
Sugar, per pound.....	.0528	2.8063
Liquor, distilled, per gallon.....	2.1307	.0632

SPECIAL TABLE NO. 7

Cost of Coal Consumed for Year Ending September 30, 1905

Total annual cost.....	\$44,441 58
Annual per capita cost.....	10.179
Number of tons of coal consumed.....	20,888.
Average purchase price.....	\$2.1276

PRINTING OFFICE REPORT FOR YEAR ENDING SEPTEMBER 30, 1905

Printing and Ruling

Forms—State Hospital series.....	370,286
Estimate blanks.....	80,800
Envelopes— <i>all</i> kinds.....	42,150
Passes—steamer, ferry, ward and visitors.....	56,550
Pads—assorted sizes.....	2,432
Cards—index, etc.....	23,429
Postal cards.....	5,230
Notices, orders, petitions, etc.....	7,533
Slips and tags.....	7,950
Letter heads.....	41,500
Laundry books.....	250
Hand books.....	89
Books of regulations.....	250
Blank books.....	2

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

Calendars for 1905	150
Training school calendars	75
Programmes for entertainments	1,250
Special ruled blanks	1,200
Medical books bound	87
Prescription blanks and labels	14,250

FARM AND GARDEN PRODUCTS FOR YEAR ENDING
SEPTEMBER 30, 1905

Apples, bushels	8½
Asparagus, bunches	8,175
Beets, bushels	2,398½
Beet greens, bushels	1,972
Beans, butter, bushels	329
Beans, Lima, bushels	107½
Beans, string, bushels	217½
Brussels sprouts, bushels	20
Cabbage, heads	63,215
Cabbage sprouts, barrels	4
Cauliflower, heads	6,706
Carrots, bushels	238
Celery, heads	29,004
Celery tops, bushels	24
Chard, Swiss, bushels	1,480½
Cherries, quarts	64
Cress, pepper, quarts	47
Cress, mustard, quarts	3
Corn, sweet, ears	59,281
Corn fodder, tons	8½
Corn, pop, bushels	10
Cucumbers	6,866
Currants, quarts	533
Eggs, dozens	1,019½
Egg plant, pounds	4,442
Gooseberries, quarts	40
Grapes, pounds	1,009
Hay, tons	1½
Horse radish, bushels	20
Kale, bushels	418
Kohlrabi, bushels	192½
Lamb, spring, pounds	35

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

Leeks, bushels.....	661
Lettuce, bushels.....	1,274 $\frac{1}{2}$
Milk, quarts.....	28,980 $\frac{1}{2}$
Muskmelons.....	6,290
Mutton, pounds.....	146
Oats, green, tons.....	1
Oyster plant, bushels.....	519
Okra, bushels.....	5 $\frac{1}{2}$
Onions, bushels.....	1,214
Onions, green, bunches.....	4,298 $\frac{1}{2}$
Parsnips, bushels.....	2,200
Parsley, bushels.....	71
Peppers, bushels.....	17 $\frac{1}{2}$
Peppers, Chili, quarts.....	91
Peaches, bushels.....	23 $\frac{1}{2}$
Pears, bushels.....	18 $\frac{1}{2}$
Peas, green, bushels.....	288 $\frac{1}{2}$
Potatoes, sweet, bushels.....	50
Pumpkins, pounds.....	5,098
Peanuts, bushels.....	3
Radishes, bushels.....	1,200
Raspberries, quarts.....	113
Rhubarb, pounds.....	68,942
Sage, bunches.....	150
Spinach, bushels.....	1,232 $\frac{1}{2}$
Squash, pounds.....	14,692
Strawberries, quarts.....	7,931
Tomatoes, bushels.....	1,732 $\frac{1}{2}$
Turnips, bushels.....	1,076 $\frac{1}{2}$
Turnip tops, bushels.....	362
Thyme, bunches.....	200
Veal, pounds.....	346

FARM STOCK

Horses.....	28
Cows.....	17
Bull.....	1
Yearling heifers.....	4

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904.....	1,666	2,496	4,162
Admitted during year ending September 30, 1905.....	735	834	1,569
On original commitments:			
From residences.....	660	756	1,416
By transfers from county houses.....	13	19	32
By transfers from other institutions for insane.....	62	59	121
Total number under treatment during year....	2,401	3,330	5,731
Daily average population.....	1,764	2,602	4,366
Capacity of institution.....	1,130	2,114	3,244
Discharged during the year:			
As recovered.....	140	178	318
As improved.....	176	305	481
As unimproved.....	113	59	172
As not insane.....	8	3	11
Died.....	186	170	356
Whole number discharged during the year....	623	715	1,338
Remaining October 1, 1905.....	1,778	2,615	4,393

**SEVENTEENTH ANNUAL REPORT OF THE
MANHATTAN STATE HOSPITAL—ANNUAL REPORT**

TABLE No 2

October 1, 1904, to September 30, 1905

Date of opening.....	1896
Total acreage of grounds and buildings.....	245
Value of real estate, including buildings.....	\$4,157,000 00
Value of personal property.....	277,000 00
Acreage under cultivation.....	102

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$15,144 83
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	712,470 00
From reimbursing patients.....	18,881 78
From all other sources.....	6,924 62
Deficit September 30, 1905.....	3,021 50

Total receipts for maintenance.....	\$756,442 73
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$66,904 26
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Total receipts from manufacturing fund (inc. balance \$3,696.64)	\$7,055 52
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$35,856 00
Estimate No. 2. For wages.....	261,119 79
Estimate No. 3. For provisions and stores.....	271,927 41
Estimate No. 4. For ordinary repairs.....	26,857 61
Estimate No. 5. For farm and grounds.....	8,244 80
Estimate No. 6. For clothing of patients.....	23,719 58
Estimate No. 7. For furniture and bedding.....	19,232 28
Estimate No. 8. For books and stationery.....	4,022 37
Estimate No. 9. For fuel and light.....	46,869 97
Estimate No. 10. For medical supplies.....	5,397 51
Estimate No. 11. For miscellaneous expenses.....	28,710 95
Estimate No. 12. For transportation.....	279 62

Total disbursements, estimates 1 to 12 inclusive.	\$732,237 89
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MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Total disbursements during year for extraordinary improvements under appropriations by State Commission in Lunacy.....	\$66,904 26
Total disbursements during year, manufacturing fund	\$10,050 40
Remitted to State treasurer, sundry receipts, chapter 580, Laws 1899.....	\$24,204 84
Balances October 1, 1905:	
Manufacturing fund.....	\$701 76
Maximum rate of wages paid attendants:	
Men.....	\$43 75
Women.....	37 50
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
Proportion of day attendants to average daily population.....	1 to 11.5
Proportion of night attendants to average daily population.....	1 to 41.1
Percentage of daily patient population engaged in some kind of useful occupation .....	.767
Estimated value of farm and garden products during year.....	\$14,260 30
Estimated value of articles made or manufactured by patients during year	57,173 30

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	23	10	33	3	3	6	13
Mental strain, worry and overwork (not included in above)	36	67	103	13	11	24	70
Religious excitement	1	.....	1	.....	.....	.....	.....
Love affairs (including seduction)	7	6	13	1	2	3	7
Fright and nervous shock	6	9	15	1	3	4	10
Physical:							
Intemperance	151	89	240	23	14	37	112
Sexual excess	11	.....	11	.....	.....	.....	.....
Venereal diseases	50	2	52	1	.....	1	.....
Masturbation	1	.....	1	.....	.....	.....	.....
Sunstroke	3	.....	3	.....	.....	.....	.....
Accident or injury	13	4	17	2	3	5	2
Pregnancy . . . . .	.....	6	6	.....	.....	.....	.....
Parturition and puerperium . . . . .	.....	29	29	.....	4	4	25
Lactation . . . . .	.....	6	6	.....	1	1	5
Change of life . . . . .	.....	12	12	.....	3	3	9
Fevers . . . . .	.....	2	2	.....	.....	.....	2
Privation and overwork . .	6	.....	6	.....	.....	.....	3
Epilepsy	17	19	36	1	.....	1	29
Other convulsive disorders . . . . .	.....	2	2	.....	1	1	7
Diseases of skull and brain	1	1	2	1	.....	1	2
Old age	15	13	28	1	2	3	20
Exophthalmic goitre . . . .	.....	.....	.....	.....	.....	.....	.....
Epidemic influenza	3	.....	3	.....	.....	.....	2
Abuse of drugs	3	4	7	1	1	2	4
All other bodily disorders and ill health	17	17	34	2	2	4	21
Hereditary	54	26	80	47	93	140	.....
Congenital defect	1	.....	1	.....	.....	.....	.....
Unascertained	313	510	823	636	693	1,329	.....
Not insane	3	.....	3	.....	.....	.....	.....
Total	735	834	1,569	735	834	1,569	.....

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1905.

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	193	56	38
General paralysis.....	192	.....	125
Senile insanity.....	72	.....	35
Epilepsy with insanity.....	40	6	14
Imbecility, idiocy with insanity.....	18	2	1
Other psychoses.....	1,043	254	143
Not insane*.....	11	.....	.....

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6
Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	41	83	124				36	62	98
One to three months.....	30	29	59	3		893	358	568	926
Three to six months.....	22	10	32	2		439	405	701	1,106
Six to nine months.....	9	8	17	2		163	256	382	638
Nine months to one year.....	4	6	10	1		108	144	209	353
One year to eighteen months.....	7	7	14	1		30	141	175	316
Eighteen months to two years.....	4	4	8			73	52	44	96
Two to three years.....	4	3	7			13	42	51	93
Three to four years.....	2	1	3			47	20	36	56
Four to five years.....	1	.....	1			22	9	14	23
Five to ten years.....	1	4	5			11	10	11	21
Ten to twenty years.....	1	2	3			27	3	8	11
Not insane*.....	.....	.....	.....	.....		17	.....	25	25
Unascertained.....	14	21	35	.....		25	.....	.....	.....
Total.....	140	178	318	140	178	318	1,476	2,286	3,762

*Includes cases of alcoholism, opium habit, etc.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				2	1	3
Mumps.....				1	1	2
Influenza.....					31	31
Cerebro-spinal meningitis.....					2	2
Diphtheria.....		2	2	7	17	24
Erysipelas.....		4	4	41	17	58
Dysentery.....					2	2
Malarial affections.....				1		1
Syphilis.....					4	4
Tuberculosis.....	17	43	60	106	974	1,080
Constitutional diseases:						
Rheumatism (or rheumatic affections)...					1	1
Arthritis deformans ..					1	1
Diabetes mellitus and diabetes insipidus..					1	1
Scurvy, purpura and haemophilia.....					6	6
Diseases of the digestive system:						
Mouth, salivary glands pharynx, tonsils and oesophagus.....				2	16	18
Diseases of the intestines.....	14	13	27	323	223	546
Diseases of the liver..				28	16	44
Diseases of the pancreas.....					17	17
Diseases of the peritoneum.....				14		14
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi	4	4	8	69	38	107
Diseases of the lungs..	22	40	62	867	373	1,240
Diseases of the pleura.....				10	12	22

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the circula- tory system:						
Diseases of the peri- cardium.....				3	49	52
Diseases of the heart..	10	19	29	372	325	697
Arterio-sclerosis.....	4	3	7	98	38	136
Aneurism.....				5	6	11
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....					4	4
Exophthalmic goitre..					4	4
Diseases of the genito- urinary system.....	4	8	12	316	193	509
Diseases of the nervous system:						
Diseases of the nerves.....					12	12
Diseases of the spinal cord.....	1		1	21	12	33
Diseases of the men- inges.....		1	1	70	18	88
Organic diseases of the brain (tumor, ab- scess, embolism, thrombosis, hemor- rhage and other gross lesions).....	7	10	17	207	197	404
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....				2	50	52
Epilepsy.....	7	2	9	171	34	214
Mental diseases:						
Exhaustion of acute mental disease... }	8	8	16	212	291	503
Exhaustion of chron- ic mental disease. }						
General paralysis of the insane.....	85	10	95	1,372	241	1,613
The intoxications; heat- stroke; obesity:						
Alcoholism.....		1	1		2	2
Metallic poisoning.....				3		3

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Heat-stroke.....				1	1	2
Debility of old age....				22	266	288
Accident.....				10	3	13
Suicide.....	1		1	30	6	36
Surgical and gynecological diseases and diseases of the skin.....				4	30	34
Malignant new growths or cancer.....	2	2	4	20	43	63
Total.....	186	170	356	4,413	3,579	7,992

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	26	42	68	480	417	897
Maternal branch.....	26	46	72	461	611	1,072
Paternal and maternal branches.....	1	2	3	48	48	96
Collateral branches.....	65	59	124	709	1,108	1,817
No hereditary tendency.	464	307	771	7,831	8,174	16,005
Unascertained.....	153	380	533	3,429	4,059	7,488
Total.....	735	834	1,569	12,958	14,417	27,375

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	381	320	701	6,892	5,690	12,582
Married.....	309	378	687	4,971	5,849	10,820
Widowed.....	31	107	138	898	2,655	3,551
Divorced.....	5	16	21	32	106	138
Unascertained.....	9	13	22	165	119	284
Total.....	735	834	1,569	12,958	14,417	27,375

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	6	4	10	236	39	275
Academic.....	19	4	23	188	99	287
Common school.....	253	343	596	4,915	2,859	7,774
Read and write.....	304	286	590	5,541	7,190	12,731
Read only.....	8	21	29	273	566	839
No education.....	105	59	164	917	1,967	2,884
Unascertained.....	40	117	157	888	1,697	2,585
Total.....	735	834	1,569	12,958	14,417	27,375

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. II
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	22	33	55	24	25	49	624	518	1,142	775	712	1,487
One to three months.....	25	28	53	31	15	46	632	421	1,053	652	425	1,077
Three to six months.....	11	2	13	11	9	20	300	180	480	513	349	862
Six to nine months.....	12	4	16	12	6	18	323	175	498	313	267	580
Nine months to one year.....	20	6	26	20	10	30	136	94	230	254	229	483
One year to eighteen months.....	20	18	38	13	22	35	121	163	284	270	453	723
Eighteen months to two years.....	18	13	31	14	15	29	348	98	446	357	153	510
Two to three years.....	7	10	17	17	24	41	247	192	439	338	264	602
Three to four years.....	2	9	11	4	18	22	129	84	213	194	193	387
Four to six years.....	3	4	7	7	10	17	138	108	246	234	164	398
Six to ten years.....	4	3	7	7	10	17	86	90	176	224	141	365
Ten to twenty years.....	3	4	7	4	5	9	87	52	139	224	163	387
Twenty years and over.....	3	3	6	6	1	7	37	40	77	62	66	128
Unascertained.....	36	33	69	16	.....	16	1,205	1,364	2,569	3	.....	3
Total.....	186	170	356	186	170	356	4,413	3,579	7,992	4,413	3,579	7,992
Average duration of insane life (give years and tenths).	3.5			2.75			3.2.....			4.5		
										4.6		
										4.55		

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Woman	Total	Men	Woman	Total
From 10 to 15 years....	1	.....	1	40	37	77
From 15 to 20 years....	44	49	93	694	786	1,480
From 20 to 25 years....	100	113	213	1,594	1,858	3,452
From 25 to 30 years....	91	113	204	1,865	2,138	4,003
From 30 to 35 years....	110	132	242	1,948	2,059	4,007
From 35 to 40 years....	113	120	233	1,803	1,774	3,577
From 40 to 50 years....	153	169	322	2,517	2,624	5,141
From 50 to 60 years....	80	84	164	1,434	1,556	2,990
From 60 to 70 years....	35	42	77	721	953	1,674
From 70 to 80 years....	6	11	17	242	478	720
From 80 to 90 years....	2	1	3	66	122	188
From 90 to 100 years....	.....	.....	.....	13	8	21
Over 100 years.....	.....	.....	.....	.....	2	2
Unascertained.....	.....	.....	.....	21	22	43
Total.....	735	834	1,569	12,958	14,417	27,375

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years....	16	9	25	121	233	354
From 20 to 30 years....	36	57	93	475	921	1,396
From 30 to 40 years....	35	61	96	448	646	1,094
From 40 to 50 years....	31	28	59	279	307	586
From 50 to 60 years....	12	17	29	100	120	220
From 60 to 70 years....	7	6	13	47	30	77
From 70 to 80 years....	3	.....	3	4	.....	4
From 80 to 90 years....	.....	.....	.....	2	.....	2
Unascertained.....	.....	.....	.....	.....	4	4
Total.....	140	178	318	1,476	2,261	3,737

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					5	5
From 15 to 20 years.....	2	2	4	64	81	145
From 20 to 25 years.....	5	6	11	187	252	439
From 25 to 30 years.....	13	14	27	329	320	649
From 30 to 35 years.....	23	17	40	516	369	885
From 35 to 40 years.....	33	19	52	666	391	1,057
From 40 to 50 years.....	54	46	100	1,086	679	1,765
From 50 to 60 years.....	26	30	56	771	558	1,329
From 60 to 70 years.....	20	22	42	490	476	966
From 70 to 80 years.....	3	10	13	224	327	551
From 80 to 90 years.....	2	4	6	60	102	168
Ninety years and over ..				15	10	25
Unascertained.....	5		5	5	9	14
Total.....	186	170	356	4,413	3,579	7,992

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	116	216	332
One to three months.....	95	135	230
Three to six months.....	63	74	137
Six to nine months.....	47	38	85
Nine months to one year.....	15	8	23
One year to eighteen months.....	62	49	111
Eighteen months to two years.....	16	14	30
Two to three years.....	49	45	94
Three to four years.....	25	24	49
Four to five years.....	11	17	28
Five to ten years.....	37	32	69
Ten to fifteen years.....	15	11	26
Fifteen to twenty years.....	6	5	11
Twenty to thirty years.....	2	5	7
Thirty years and upward.....	1		1
Unascertained.....	175	161	336
Total.....	735	834	1569

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	26	68	94
One to three months.....	72	121	193
Three to six months.....	96	186	282
Six to nine months.....	75	160	235
Nine months to one year.....	94	188	282
One year to eighteen months.....	150	167	317
Eighteen months to two years.....	145	193	338
Two to three years.....	264	283	547
Three to four years.....	164	472	636
Four to five years.....	125	208	333
Five to ten years.....	238	254	492
Ten to fifteen years.....	146	163	309
Fifteen to twenty years.....	100	98	198
Twenty to thirty years.....	68	43	111
Thirty years and upward.....	15	11	26
Total.....	1,778	2,615	4,393

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	25	3	28	446	54	500
Commercial: Bankers, merchants, ac- countants, clerks, salesmen, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	40	2	42	2,101	38	2,139
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc.....	1	.....	1	238	.....	238
Mechanics at out- door vocations: Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc...	79	2	81	2,603	2	2,605
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	152	9	161	2,590	18	2,608
Domestic service: Waiters, cooks, servants, etc.....	64	648	712	941	8,387	9,327
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	4	17	21	99	2,774	2,873
Commercial: Shopkeepers, sales women, stenographers, typewriters, etc.....	115	26	141	134	234	368

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	50	71	121	77	1,410	1,530
Miners, seamen, etc.....	7		7	148		148
Prostitutes.....		1	1		24	24
Laborers.....	172	2	174	2,641	2	2,643
No occupation.....	41	49	90	691	1,246	1,937
Unascertained.....	5	4	9	273	185	478
Total.....	735	834	1,569	12,958	14,417	27,375

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Africa.....				3		3
Algeria.....				4		4
Armenia.....	1		1	5		5
Austria.....	51	44	95	384	543	927
Australia.....					3	3
Bavaria.....	1	1	2	10	1	11
Belgium.....		1	1	11	10	21
Bohemia.....	10	5	15	74	230	304
British possessions.....				32	1	33
Bulgaria.....				1		1
Canada.....	5	7	12	122	31	153
China.....	1		1	40		40
Cuba.....				8	14	22
Denmark.....	2	1	3	45	26	71
Egypt.....				2		2
England.....	18	13	31	443	410	853
Finland.....	2	5	7	22	39	61
France.....	6	8	14	202	155	357
Germany.....	106	106	212	2,197	2,136	4,333
Greece.....				17		17
Holland.....	3		3	31	15	46
Hungary.....	19	29	48	189	280	469
Ireland.....	96	182	278	2,269	4,248	6,517
Italy.....	38	38	76	574	368	942
Japan.....	1		1	6		6
Malta.....				5		5
Mexico.....				4		4
Norway.....	2		2	49	24	73
Nova Scotia.....					1	1
Palestine.....		1	1		1	1
Poland.....	53	5	58	823	42	865
Roumania.....	6	8	14	40	64	104
Russia.....	30	93	127	39	957	996
Sandwich Islands.....				1		1
Scotland.....	1	6	7	130	106	236
South America.....				8		8
Spain.....	5		5	25		25
Sweden.....	6	10	16	173	184	357
Switzerland.....	2	2	4	95	111	206
Syria.....					4	4
Turkey.....	2		2	26		26

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	268	265	533	4,748	4,454	9,202
West Indies.....	7	3	10	55	23	78
Unascertained.....	3	2	5	55	41	96
Total.....	735	834	1,569	12,958	14,417	27,375

Of the total number admitted since the 1st of October, 1888, the parents of 85.01 per cent were of foreign birth.

In 1.76 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.32 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES.	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....	1		1
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	13		13
Lewis.....			
Livingston.....	2		2
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	1,516		1,516
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	11		11
Rensselaer.....	3		3
Richmond.....	16		16
Rockland.....			
St. Lawrence.....			
Saratoga.....			

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Men	Women	Total
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....	1		1
Steuben.....			
Suffolk.....	4		4
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	4		4
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	1,569		1,569

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC		
	Men	Women	Total
Albany.....		1	1
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....		1	1
Erie.....		1	1
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	4	14	18
Lewis.....			
Livingston.....		4	4
Madison.....			
Monroe.....			
Montgomery.....			
New York.....	1,706	2,505	4,211
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	2	4	6
Rensselaer.....		1	1
Richmond.....	22	31	53
Rockland.....			

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....		1	1
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	10	4	14
Wyoming.....			
Yates.....			
Unascertained.....	34	48	82
Total.....	1,778	2,615	4,393

ANNUAL REPORT

OF THE

CENTRAL ISLIP STATE HOSPITAL

AT

CENTRAL ISLIP

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1905

OFFICERS

Board of Visitors*

JAMES MACGREGOR SMITH.....President
MISS GRACE GILLETTE.....Secretary
WILLIAM M. V. HOFFMAN GEORGE D. MACKAY
EDWARD G. BAILEY

Board of Managers†

JAMES MACGREGOR SMITH.....President
MRS. WILLIAM ROBISON.....Secretary
MRS. AUGUSTUS FLOYD HENRY H. HOLLISTER
LEOPOLD SONDHEIM WILLIAM M. V. HOFFMAN
HUGH KELLY

Board of Consulting Physicians and Surgeons

FREDERICK PETERSON, M. D.	PERCY R. TURNURE, M. D.
JOHN F. ERDMANN, M. D.	NATHANIEL B. POTTER, M. D.
GEORGE S. YOUNGLING, M. D.	JAMES P. TUTTLE, M. D.
J. DOUGAL BISSELL, M. D.	L. PIERCE CLARK, M. D.
A. EDWARD DAVIS, M. D.	CHARLES T. DADE, M. D.
WILLIAM H. ROSS, M. D.	WILLIAM H. THOMSON, M. D.
WILLIAM B. SAVAGE, M. D.	ADRIAN V. S. LAMBERT, M. D.

Resident Medical Officers

GEORGE A. SMITH.....Superintendent and Treasurer
MARCUS B. HEYMAN.....First Assistant Physician
CHARLES G. BRINK.....Second Assistant Physician
HORATIO G. GIBSON.....Assistant Physician
ROBERT W. FOWLER.....Assistant Physician
EDWARD T. MURRAY.....Assistant Physician
IRVING L. WALKER.....Assistant Physician
FRANK HINKLEY.....Assistant Physician
CALVIN B. WEST.....Assistant Physician
CHARLES L. VAUX.....Junior Assistant Physician
ABRAHAM BRILL.....Junior Assistant Physician
CLARENCE E. WHITNEY.....Junior Assistant Physician
FREDERICK E. LETTICE.....Junior Assistant Physician
FRANCIS A. TAYLOR.....Medical Intern
ALICE F. LEADER.....Woman Physician
KITTEE R. OWEN.....Woman Physician
MAX VOLK.....Clinical Assistant

Steward's Department

F. A. WHEELER.....Purchasing Steward
W. J. MCKEE.....Resident Steward

* Abolished June 1, 1905.

† Appointed June 1, 1905.

REPORT

CENTRAL ISLIP, October 1, 1905

To the President of the State Commission in Lunacy:

Pursuant to section 33, subdivision 6, of chapter 490, of the Laws of 1905, I forward herewith the annual report of the board of managers, together with that of the superintendent and treasurer, for the Central Islip State Hospital, for the fiscal year ending September 30, 1905.

The board met for organization on July 13th, holding monthly meetings on the first Saturday of each month thereafter, with individual visitations of members of the board from two to three times a month. Records of said meetings and visitations are on file at the hospital.

EXTRAORDINARY IMPROVEMENTS RECOMMENDED FOR THE COMING YEAR

Four extensions, 18 by 22 feet, to the serving and wash

rooms of kitchens Nos. 2 and 3, south colony. . . . \$5,000 00

These consist of extending the present serving rooms at the south colony on each side 22 feet so as to allow more room for the serving of food and the caring of dishes for the four dining rooms at this colony. The present ones are entirely too small and are very much congested at meal times with food wagons and dishes. The sinks on each side have to be used as shelves to hold dishes with food. This extension would give room for the sinks to be paced farther back and away from the food as well as the placing of the tables for holding food supplies for service.

New carpenter shop. \$3,600 00

The present shop was built as a temporary structure of light timber. It has been in use several years and has served its purpose well, but is fast going to pieces. A stronger and more substantial building should be erected as a permanent structure. It can be well understood the importance of this shop for an institution of this magnitude to properly and economically keep up the repairs.

Extensions to 15 verandas, with glass fronts for winter

use, at the south colony. \$6,300 00

This is a most important necessity. The present verandas are not large enough to accommodate one-half of the patients in the

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

pavilions to which they are attached. It is a most distressing sight on a pleasant day to see patients huddled together taking up every inch of space on the piazzas and steps, with no room to move around. These should be extended as called for and arranged with adjustable glass fronts for winter weather, so that the feeble may have opportunity at all times to get the benefit of the sun and fresh air.

Extensions to cement walks, 3,000 feet..... \$1,000 00

This is for the purpose of completing the walks at the north colony and placing new ones at the south colony.

Laundry apparatus as follows:

One annihilator mangle, 120 inches....	\$2,350 00
One laundry extractor, with 32-inch basket.....	337 50
One steam collar shaper, hot tube, por- celain lined.....	30 00
One collar seam dampener (Torrance)	50 00
	<hr/>
	\$2,767 50

All these are required for properly carrying on the work in our laundry, which has to do the washing for over 4,000 persons. The annihilator is to take the place of two small annihilators which are not of sufficient capacity to keep up the work. All other machinery asked for is new.

Vegetable cellar..... \$3,000 00

There is no cellar on the grounds that is proper for the storage of vegetables on account of the heat from steam pipes that run through them for the buildings overhead, and with the extension of our farm the necessity of a proper cellar for the storage of vegetables is apparent.

Extension to piggery..... \$700 00

The present piggery is very much overcrowded. This branch of the farm is self-sustaining.

New coal trestle, 448 feet long..... \$3,584 00

It is economy to buy our yearly coal supply in the early summer, and we need this trestle to extend into a yard for proper storage.

Wire-cloth fly screens, for 4,342 windows..... \$5,300 00

Some of the pavilions have been provided with screens, with great comfort to the patients. Those without the same cause great suf-

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

fering to the patients from the mosquito pest for which this section of Long Island is noted.

Steam fire engine, rotary..... \$2,500 00

There is no steam fire apparatus on the grounds. We are limited to hydrant pressure which is not sufficient and in case of a large fire would leave us helpless. The necessity of sufficient fire protection is obvious in an institution of this size of over 4,000 people.

Nurses' building..... \$15,000 00

There is no place where the nurses, attendants and employees can go during their recreation hours except a small neighboring village, where they have to meet in stores and saloons. A building should be erected as a nurses' club house, where they could spend their evenings in social enjoyment and recreation. It would raise the standard of the employees as well as divert their attention from the temptations of the saloons. Other hospitals have established these clubs with success.

Mortuary, with pathological and refrigerating room.. \$7,000 00

The only mortuary at this hospital is a small wooden house, 10 by 15 feet, that was built several years ago when there were but 500 patients in the hospital. There is no means to preserve bodies awaiting the arrival of friends and during the summer months it is impossible to detain a body over 24 hours, which is often necessary, and is a source of complaint from undertakers who prepare them for transportation. Post mortems have to be held in this same building. A proper building should be erected sufficiently large to have a refrigerating room for the preservation of the bodies, a post mortem room with pathological laboratory, which can be done for the amount asked for.

Renewing of plumbing in eight wards of the north colony, D2, D3, E1, E2, E3, F1, F2 and F3..... \$2,500 00

The plumbing in these wards is antiquated and unhygienic.

Extension to stable..... \$4,850 00

The present stable is inadequate. It was built when the hospital consisted of but one colony of 1,200 patients and has not been extended to meet the demand. Horses and carriages at the present time have to be kept outside in sheds. This extension has been asked for before.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

A group for tuberculous cases, four pavilions and a
central dining-room..... \$25,000 00

Four wooden pavilions with a capacity of 50 patients each, with a central dining-room partitioned to allow of separation of sexes, should be built in a pine grove on the elevated land just in the rear of group G at the south colony. At present we are obliged to use pavilions connected with other groups where tuberculous cases are quarantined and where there is no opportunity for dining-room service without the association of patients from other pavilions of this group. The erection of this special group for tuberculous cases would not only be a means of giving them proper treatment but would allow us to return these wards to the use for which they were formerly intended—the care of the insane—to the number of 100, which would increase our capacity to that extent, making this expenditure not only a matter of benefit to the tuberculous cases but an economical way of housing 100 more patients.

Respectfully submitted.

JEANNIE F. J. ROBISON

Secretary

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

REPORT OF SUPERINTENDENT

CENTRAL ISLIP, *October 1, 1905*HON. JAMES MACGREGOR SMITH, *President Board of Managers:*

Dear sir—Pursuant to statute I herewith present to your honorable board my report as superintendent and treasurer of the Central Islip State Hospital at Central Islip, for the year ending September 30, 1905.

By legislative act, taking effect June 1st, the name of the hospital was changed from the Manhattan State Hospital to the Central Islip State Hospital; and by the same act the board of visitors abolished and the board of managers appointed June 1st.

The movement of patient population during the past year has been as follows:

Patients in hospital-Sept. 30, 1904.....	2,220	1,537	3,757
Admitted during the year.....	324	224	548
	<u> </u>	<u> </u>	<u> </u>
Discharges:			
Recovered.....	98	66	164
Improved.....	70	61	131
Unimproved.....	192	15	207
Not insane (idiots, etc.).....	3	.....	3
Died.....	144	104	248
	<u> </u>	<u> </u>	<u> </u>
Total.....	507	246	753
Remaining in hospital Sept. 30, 1905....	2,037	1,515	3,552
Maximum under care.....			3,757
Minimum under care.....			3,482
Daily average under care.....			3,622
Whole number under care.....			4,305

PERCENTAGES

Of those recovered:

To total number of admissions.....	29.90
To number of new admissions.....	33.47
To total number of discharged.....	21.77
To number of discharged, exclusive of deaths and transfers.....	54.89
To daily average population.....	4.52
To whole number treated.....	3.80

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

Of those admitted:

- 23 per cent were of maniacal forms of insanity;
- 38 per cent were of depressive forms of insanity;
- 13 per cent suffered from paresis;
- 57 per cent were foreign born;
- 43 per cent were native born;
- 57 per cent were between the ages of 35 and 50 years;
- 48 per cent were married;
- 52 per cent were single.

Of those discharged as recovered:

- 40 per cent were of maniacal forms of insanity;
- 60 per cent were of depressive forms of insanity;
- 40 per cent were between the ages of 35 and 50 years;
- 79 per cent were under treatment less than one year;
- 64 per cent were insane for periods less than one year before admission.

Of those who died:

- 42 per cent were between the ages of 35 and 50 years;
- 43 per cent were between the ages of 50 and 90 years;
- 21 per cent suffered from paresis;
- 18 per cent suffered from acute mental diseases;
- 80 per cent suffered from chronic mental diseases.

It will be observed that there were remaining on October 1, 1904, 2,220 men, 1,537 women, making a total of 3,757 patients, showing a net decrease at the end of the year of 205.

This smaller number remaining at the end of the year is accounted for by the fact that the admission of patients from the metropolitan district was for a shorter period during the past year, and also by the fact that a larger number of patients than usual was transferred to other hospitals.

Of those discharged, 206 were transferred to other institutions for the insane; 35 were aliens and were deported by the State board of alienists; 30 were sent to various countries abroad by the State Commission in Lunacy at the expense of the State.

GENERAL DESCRIPTION AND ARRANGEMENT OF THE HOSPITAL

The hospital consists of two colonies, the north and the south. The north colony consists of 21 one-story disconnected buildings, six congregate dining-rooms and one central kitchen; the south

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

colony consists of 22 buildings, with connecting corridors, two congregate dining-rooms and two kitchens.

The hospital was opened in 1889 with three groups of one-story, wooden pavilions, connected by open corridors, and a central dining-room for each group. In 1889 additions were made to this colony of three groups of one-story detached brick pavilions—the first group consisting of six pavilions and one congregate dining-room, the second group of three pavilions and one congregate dining-room, the third group of three pavilions and one congregate dining-room. These buildings are all disconnected. There is one large central kitchen for this colony, from which food is distributed to the several dining-rooms, each dining-room being equipped with heated serving tables, also tea and coffee urns.

There is a separate central heating and electric light plant for this entire north colony. There is also a two-story attendants' home connected with this colony with a capacity for 100 attendants.

In October, 1901, the south colony was completed and opened for reception of patients. It consists of four groups of two-story buildings connected with fire-proof corridors—the first group consisting of five buildings, four pavilions and one central or medical administration building. This group constitutes our acute or receiving service. The first two pavilions are for men, the second two for women patients. The central building of this group is arranged on the first floor with medical offices, a medical library, reception room for visitors, drug room, hydrotherapeutic apparatus, surgical operating room, static and X-ray room, and physiological laboratory; the second floor is arranged for physicians' quarters. The second story of the connecting corridors, between the medical administration building and the pavilions on each side, are arranged for solaria.

The second group consists of five buildings, used entirely for women, and a central building, as in the first group, used for sleeping quarters for physicians who have charge of this group, for office, sleeping quarters and reception room for visitors.

These two groups are connected by fire-proof corridors and lead to a central congregate dining-room, this dining-room being partitioned so as to allow separation of the men from the women. Connected with this dining-room is a kitchen and serving room.

The remaining two groups of the south colony are arranged in a similar way, with the exception that the last group has six buildings.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

The first floors, with corridors throughout this colony, are used for day rooms; the second floors for sleeping quarters. Attendants have their rooms leading off the day rooms of the first floor.

There is a separate heating and electric light plant for this entire south colony. One large laundry, though at present inadequate, does the work for the entire institution.

There is one central storeroom, situated at the north colony, and one central administration building for the entire institution, situated between the two colonies. There are five miles of railroad track, counting in all switches, which connect with the main railroad, where supplies are brought into the grounds and distributed, the hospital owning the engine and cars, which distribute all supplies, laundry, etc., by rail to the different centers of the hospital. The distance from the last building of the extreme end of the north colony to that of the south colony is two miles. The entire hospital is equipped with telephone system and fire signals throughout. The hospital property consists of 1,000 acres, 600 of which are cleared for lawns and cultivation. The capacity of the hospital is 3,000 patients.

The water system consists of a series of driven wells, pumped into standpipes and distributed by gravity. There are two systems, one at the north and one at the south colony.

The sewerage system is by broad irrigation, consisting of the collection of sewerage in tanks by gravity, then distributed by pumping through iron pipes, which extend over several acres of property, and by means of hydrants connected with these pipes, 150 feet apart, we govern the distribution over the surfaces, changing every day in different hydrants, so as to prevent pooling. Some of these hydrants have hose attached so as to better direct the discharge. There are two systems, one at each colony.

AMUSEMENTS

The usual careful attention has been given to the selection of amusements for the patients, which have been provided as a means of diversion as well as for the beneficial influence in the correction of mental derangement. The wards are always supplied with ample means for recreation in the way of games, such as cards, chess, checkers, pool and billiards, and the tables are supplied with magazines and newspapers. The resources of the library are drawn upon freely. The pianos, which are in several of the wards, are used by those persons who have had special training as musicians. The orchestra and band furnish music for all special occasions and at

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

the regular weekly dances; concerts are held on Sunday evenings in the band stand between the colonies in summer, and in the several group centers in rotation during the colder months, and in the congregate dining-halls during the Sunday dinner hour throughout the year. The band assists at the semi-military inspection which is held on Sunday afternoons.

Out of door sports are regularly indulged in. These include baseball, quoits, croquet and basket-ball. Contests in field sports are held on Memorial day, Fourth of July and Labor day, and prizes are awarded to all competitors alike, and refreshments served to all in attendance.

Thanksgiving day, Christmas and other holidays are observed by appropriate exercises and made memorable by entertainments by hired or home talent.

The woods surrounding the hospital afford ample material for decorations and at holiday time the patients derive much pleasure from the exercise of their talents in ornamenting the wards with rustic mottoes and festoons of evergreens which retain their color and beauty for a long time.

The new amusement hall which was opened with a masquerade ball on Washington's birthday, is a valuable addition to the resources of the hospital. It has a seating capacity of 1,200. There is a fully equipped stage for theatrical performances at one end and a chancel for religious services at the other end.

In addition to the Roman Catholic and Protestant religious services which have been held regularly on Sunday mornings and afternoons and feasts and holidays as heretofore, a Jewish service in charge of Rev. A. Blum, every Saturday morning has been established.

OCCUPATION

Although no patient is constrained to labor, everyone is encouraged to divert his attention to some useful and rational occupation. In this manner about 70 per cent of the men and 75 per cent of the women have been employed in some capacity about the hospital. The patients work under the guidance and instruction of the employees the particular occupation having been first selected by the physicians as most suitable to the individual needs. By means of our "outdoor occupation cure" a vast amount of satisfactory and effective work has been accomplished, and its accompanying beneficial influence on the mental and physical health of the individual confirms us in our belief that occupation wisely selected and judiciously indulged in is of more therapeutic value than treatment by drugs alone.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

A large number of patients from all departments of the hospital are employed in farming, gardening and in the greenhouses, and the fact that many of those discharged as recovered had been working in these departments is of more than passing interest.

In the engineering, carpentry and painting departments a number of patients have been employed, while many others assisted the various mechanics, and because of the wide distribution of their work, spend many hours of the day in the open air. As in former years our shop for making shoes, tinware, brooms, brushes, mats, rustic furniture, etc., have employed the time and attention of many of our inmates. In the tailor shop and sewing-rooms most of the patients' clothing is made and repaired by a large force of men and women patients. Many patients assist in the work of the kitchens, and the entire dining-room service is conducted by patients. Others still are employed in the bakery, laundry, storehouse, stables, barns and piggeries. Patients' labor is represented in almost every department of the hospital.

MEDICAL SERVICE

The following junior assistant physicians were appointed during the past year from the Civil Service eligible list:

DR. C. E. WHITNEY.....December 15th

DR. F. E. LETTICE.....April 3d

September 15th Dr. F. A. Taylor was appointed medical interne; July 15th Dr. M. Volk was appointed clinical assistant; May 1st Dr. F. Hinkley and Dr. C. B. West were promoted from junior assistant to assistant physician; on February 15th Dr. M. J. Thornton, assistant physician, who has served on my staff for two years with marked ability and talent, resigned to accept an appointment in the psychopathic pavilion of Bellevue Hospital.

During the past year in the method of examining patients and the system of preparing histories we have followed as closely as possible the manner advocated by Dr. Adolf Meyer of the Pathological Institute.

Dr. R. W. Fowler, assistant physician, spent a term of three months at the Pathological Institute on Ward's Island, taking the course of lectures given by Dr. Meyer. This course has been a benefit to all the members of the staff, who are now better able to grasp the plan and scope of Dr. Meyer's system.

Staff meetings are held Monday and Thursday. At the meeting on Monday a report is required from the physicians in charge of the

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

several services with such suggestions as they may deem necessary. These suggestions are open to discussions and physicians are invited to express their views, and in this manner many problems are freely discussed. The meetings Thursday evenings are devoted entirely to medical matters. The presentation of cases recently admitted, those to be discharged, any unusually interesting case from a psychiatric, surgical or medical standpoint are presented, papers are read and articles from current medical journals and translations are discussed.

On October 27th the Suffolk County Medical Society met at the hospital. In addition to the papers prepared by the members of the society not connected with the hospital, several members of the staff read articles and some interesting forms of nervous and mental diseases were shown by the hospital physicians.

Seven cases of diphtheria developed in the quarters occupied by the married attendants. These employees were at once transferred to the detention camp which is constantly kept in readiness for such emergencies. These quarters vacated were immediately quarantined and fumigated. All patients and attendants who had been exposed in any way were immunized with antitoxin. No other cases developed and no deaths occurred among those who contracted the disease.

In addition to the routine work of the staff, the care and treatment of the sick, considerable time has been given to pathological and laboratory work. Autopsies were done in all cases where the bodies were unclaimed or the consent of the friends given.

1,120 specimens of urine were examined with the following results:

Serum albumin was present in 142 cases; glucose in 18 cases; blood in abnormal amounts in 33 cases; indican in abnormal amounts in 521 cases.

Microscopic examination of the same showed:

Calcium oxalate crystals in 735 cases; triple phosphates in 580 cases; amorphous crystalline urate in 293 cases; granular casts in 156 cases. The sputum of 615 cases was examined and tubercle bacilli was found in 87 cases.

Post mortem examinations showed numerous very interesting findings.

83 per cent of cases showed marked arterio sclerosis.

61 per cent showed chronic endocardial lesions.

40 per cent showed tubercular infection, active, latent or healed lesions.

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TRAINING SCHOOL FOR NURSES

As is required by statute our training school for nurses has continued to be maintained. The course began with 21 seniors and 17 juniors, and on the final examination for the seniors all qualified. The graduating exercises will be held in the new amusement hall on the 6th instant.

VISITORS

During the year the State Commission in Lunacy and the medical inspector have visited us in their official capacity on several occasions. Your board has held regular monthly meetings at the hospital, and on numerous occasions have as individual members inspected every department of the institution and premises.

Members of the staff of consulting physicians and surgeons have called whenever occasion required their services.

Dr. T. J. W. Burgess, superintendent Protestant Hospital for the Insane, Montreal, and Dr. W. H. Hattie, superintendent Nova Scotia Hospital for Insane, Halifax, honored us with visits during the year.

IMPROVEMENTS, NEW BUILDINGS, ETC.

The improvements of special note during the past year are as follows:

Administration Building

The new administration building has been completed and was occupied on May 15th.

Amusement Hall

The new amusement hall has been completed and was occupied February 22d. This building has a seating capacity of 1,200.

Grading

The work of grading, seeding the lawns and building of new roads around the south colony and new administration building has progressed satisfactorily.

Drainage

General drainage at the south colony for disposing of the roof water has been completed.

Group B

The old bakery has been remodeled and converted into a dining-room for the patients in group B. The old dining-room was made over into a sitting-room.

This improvement raised our capacity at this group by 10, in addition to giving us more sitting room.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

Cement Walks

Cement walks leading from all the wards of group E and F to the dining-rooms of these groups have been completed.

New Dynamo

A new 35-kilowatt Sprague dynamo and direct connected engine has been added to the electric power plant at the south colony.

Laundry

A new 120-inch annihilator mangle has been installed in the laundry to take the place of a 62-inch mangle which did not work satisfactorily.

Two fans connected with two electric motors have been installed for ventilating drying-room.

An addition has been made to the assorting room by which the floor space has been considerably increased.

Athletic Grounds

Additional grand stand seats to hold about 500 were built on the athletic grounds for the patients.

Old Administration Building

The old administration building has been refurnished, repainted, and new floors put in the dining-room and downstairs hall, and a hot water boiler and radiators installed, and is now used as the staff house for the physicians of the north colony.

Telephone

A new 100-drop telephone switch board with cables connecting the north and south colonies has been installed in the new administration building, thereby centralizing the entire system.

Power House, North Colony

One new horizontal, tubular boiler, 100 horse-power, was installed in the north colony power-house, to replace two small boilers which had become worn out.

One additional duplex pump having a capacity of 500 gallons per minute has been added to the sewage disposal plant of the north colony.

South Colony

355 plain lattice register faces have been placed in the open flues throughout the various wards of the south colony.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

New Dining-room and Employees' Building

Excavation was practically completed for this building by the first of August, and on the 8th of that month the contractor began laying brick. The work is progressing steadily and in a satisfactory manner.

Electric Lighting

The contract for lighting the grounds has been let, and it is promised that this work will progress rapidly.

EXTRAORDINARY IMPROVEMENTS AND RECOMMENDATIONS, WITH APPROXIMATE COST, FOR THE ENSUING FISCAL YEAR.

Four extensions, 18 by 22 feet, to the serving and wash rooms of kitchens 2 and 3, south colony..... \$5,000 00

These consist of extensions of the present serving rooms at the south colony on each side 22 feet so as to allow more room for the serving of food and the caring of dishes for the four dining-rooms at this colony. The present ones are entirely too small and very much congested at meal times with food-wagons and dishes.

New carpenter shop..... \$3,600 00

The present carpenter shop which was erected eight years ago of very light timber as a temporary structure is much dilapidated. A stronger and more substantial building should be erected as a permanent structure in which to carry on the carpenter work of the institution.

Extension to 15 verandas, with glass fronts, for winter use at the south colony..... \$6,300 00

These verandas with glass fronts are necessary that all patients particularly the sick and feeble, may get the benefit of sunshine and air in all seasons, as is very necessary for their comfort, the present verandas being entirely too small to accommodate more than a very small number of patients at a time.

Extension to cement walks, 3,000 feet \$1,000 00

This is for the purpose of completing the walks at the north colony and placing new ones at the south colony.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

Laundry apparatus as follows:

One annihilator mangle, 120 inches... .	\$2,350 00	
One laundry extractor, with 32-inch basket.....	337 50	
One steam collar shaper, hot tube, por- celain lined.....	30 00	
One collar seam dampener (Torrance)	50 00	
	<hr/>	\$2,767 50

This machinery for our laundry is an improvement which we should have at once, our present apparatus being inadequate to carry on the work of our increasing population. We are now laundering for over 4,000 persons.

Vegetable cellar..... \$3,000 00

This improvement to our farm is a need we have long required. A large amount of our vegetables is lost by decay for the want of a proper place in which to store them.

Extension to piggery..... \$700 00

The present piggery is very much overcrowded. This branch of the farm is self-sustaining.

New coal trestle, 448 feet long..... \$3,584 00

This trestle is needed for the proper handling, distribution and storing of the large amount of coal we consume during the year. We purchase our yearly supply at one time in the early spring.

Wire cloth screens, for 4,342 windows..... \$5,300 00

During the summer months our patients are harassed and disturbed to the limit of endurance by the swarms of mosquitos which are indigenous to this section of the island. These screens should be had without further delay. Some of our pavilions have already been furnished with these screens, to the great comfort of the patients. This equipment should be completed.

Steam fire engine, rotary..... \$2,500 00

For properly safeguarding the lives of our inmates and protecting our various buildings scattered over a large area we should have this fire engine. There is no steam fire apparatus on the grounds, we being limited entirely to hydrant pressure which would not be sufficient in case of a large fire.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

Nurses' building..... \$15,000 00

A building should be erected as a nurses' club house where they could spend their evenings in social enjoyment and recreation. It would raise the standard of the employees as well as divert their attention from the temptations of the saloons in the neighboring village. Other hospitals have established these club houses with signal success.

Mortuary, with pathological and refrigerating room ... \$7,000 00

The only mortuary at this hospital is a small wooden house, 10 by 15 feet, built several years ago when there were but 500 patients in the institution. There is no means of preserving bodies awaiting the arrival of friends, and during the summer months it is impossible to hold a body over 24 hours, which is often necessary. A proper building should be erected, sufficiently large to have a refrigerating room for the preservation of the bodies, a post mortem room with pathological laboratory, which could be done for the amount asked for.

Renewing plumbing in eight wards of the north colony \$2,500 00

D2, D3, E1, E2, E3, F1, F2 and F3. The plumbing in these wards is antiquated and unhygienic.

Extension to stable..... \$4,850 00

The present stable is inadequate. It was built when the hospital consisted of but one colony of 1,200 patients and has not been extended to meet the demands of our increasing population. Horses and carriages at the present time have to be kept outside in sheds.

A group for tuberculous cases—four pavilions and a
central dining-room..... \$25,000 00

Four wooden pavilions with a capacity of 50 patients each, with a central dining-room partitioned to allow of separation of sexes, should be built in a pine grove on the elevated land just in the rear of group G, south colony. At present we are obliged to use pavilions connected with other groups where tuberculous cases are quarantined and where there is no opportunity for dining-room service without the association of patients from other pavilions of this group. The erection of this special group for tuberculous cases would not only be a means of giving them proper treatment but would allow us to return these wards to the use for which they were formerly intended—the care of the insane—to the number of 100. which would increase our capacity to that extent—making this expenditure not only a matter of benefit to the tuberculous cases but an economical way of housing 100 more patients.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

ACKNOWLEDGMENTS

For a generous supply of reading matter, consisting of books, papers, magazines and other literature sent to us during the year for our wards, and which has been greatly enjoyed by our patients, I have to thank Rev. R. L. Bridges and Mr. J. J. Carroll of Islip; Mrs. G. A. Smith, Mrs. W. J. McKee, Mrs. J. H. Marshall and Dr. I. L. Walker of Central Islip; Rev. S. Barbier and Rev. A. Blum, of New York; Mrs. F. R. Raynor of Mount Vernon; Hon. Henry Reeves, of Greenport, for weekly copies of the "Republican Watchman"; H. H. Hall of Brentwood, for weekly copies of the "Islip Herald"; and the publishers of "Forward," "Der Amerikaner" and "Der Zeit Geist," three papers printed in Hebrew, for 10 copies of each, which come to us daily.

In conclusion I desire to express my thanks to the individual members of the State Commission in Lunacy and to your honorable board for the continued confidence and support I have been permitted to enjoy, which has assisted me so greatly in the management of the hospital for the year just closed.

Respectfully submitted.

G. A. SMITH
Superintendent

SEVENTEENTH ANNUAL REPORT OF THE
CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TREASURER'S REPORT

CENTRAL ISLIP, N. Y., *October 1, 1905*

State Commission in Lunacy, Albany, N. Y.:

Gentlemen—I beg to submit my report as treasurer for the year ending September 30, 1905.

GENERAL FUND

Receipts

Balance on hand.....	\$5,942 46
From State comptroller for maintenance on estimates 1 to 12 inclusive.....	566,850 00
From reimbursing patients.....	10,315 79
From all other sources.....	1,737 87
	<hr/>
Total.....	\$584,846 12
	<hr/> <hr/>

Expenditures

Estimate No. 1, officers' salaries.....	\$23,319 60
Estimate No. 2, wages.....	179,649 33
Estimate No. 3, provisions and stores.....	208,096 96
Estimate No. 4, ordinary repairs.....	10,447 60
Estimate No. 5, farm and grounds.....	7,919 61
Estimate No. 6, clothing.....	27,042 50
Estimate No. 7, furniture and bedding.....	12,706 08
Estimate No. 8, books and stationery.....	2,004 35
Estimate No. 9, fuel and light.....	75,587 20
Estimate No. 10, medical supplies	2,661 03
Estimate No. 11, miscellaneous expenses.....	17,586 24
Estimate No. 12, transportation of patients.....	1,515 15
Remitted to State treasurer.....	10,703 91
Balance on hand.....	5,606 56
	<hr/>
Total.....	\$584,846 12
	<hr/> <hr/>

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

SPECIAL FUND

Receipts

Total receipts from State Commission in Lunacy for extraordinary improvements under chapter 635, Laws of 1904.....	\$43,664 07
Under chapter 700, Laws of 1905.....	5,556 15
Under chapter 702, Laws of 1905.....	151 43
Total.....	<u>\$49,371 65</u>

Expenditures

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	<u>\$49,371 65</u>
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Very respectfully

G. A. SMITH

Treasurer

**SEVENTEENTH ANNUAL REPORT OF THE
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SPECIAL TABLES

SPECIAL TABLE No. 1

Medical service, October 1, 1904, to September 30, 1905

Ratio of physicians to patients.....	1 to 226
Annual per capita cost of medical service.....	\$6.024

SPECIAL TABLE No. 2

Employees, October 1, 1904, to September 30, 1905

Total number of employees.....	500
Ratio of employees to patients.....	1 to 7.024
Ratio of attendants to patients.....	1 to 10.2
Per capita cost of all employees.....	\$49.5994

SPECIAL TABLE No. 3

Recoveries, exclusive of transfers, October 1, 1904, to September 30, 1905

Percentage:

On average daily population.....	4.62
On whole number treated.....	3.80
On number discharged.....	21.77
On number admitted.....	29.90

SPECIAL TABLE No. 4

Deaths, exclusive of transfers, October 1, 1904, to September 30, 1905

Percentage:

On average daily population.....	6.34
On whole number treated.....	5.73
On number discharged.....	32.93
On number admitted.....	45.25

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

SPECIAL TABLE No. 5

October 1, 1904, to September 30, 1905

Article	Total quantity	Total cost
Flour, barrels.....	5,488 99-196	\$26,940 22
Meats, fresh, pounds.....	720,792	43,485 08
Poultry, pounds.....	6,642	1,163 22
Sugar, pounds.....	186,640	9,832 57
Coffee, pounds.....	42,440	5,056 26
Tea, pounds.....	10,892	1,840 04
Butter, pounds.....	134,772	28,195 93
Eggs, dozens.....	61,020	12,392 52
Cheese, pounds.....	27,799	2,564 62
Milk, condensed, quarts.....	190,360	31,409 40
Liquors, distilled, gallons.....	215 71-100	415 95
Coal, tons.....	22,106 1411-2240	74,619 69

SPECIAL TABLE No. 6

October 1, 1904, to September 30, 1905

Article	Average price	Per capita cost
Flour, per barrel.....	\$4.9084	\$7.4379
Meat, fresh, per pound.....	.0603	12.0058
Poultry, per pound.....	.145	.3211
Sugar, per 100 pounds.....	5.27	2.7146
Coffee, per pound.....	.1191	1.3959
Tea, per pound.....	.1689	.5080
Butter, per pound.....	.2091	7.7846
Eggs, per dozen.....	.2031	3.4214
Cheese, per pound.....	.0923	.7080
Milk, condensed, per quart.....	.165	8.6718
Liquors, distilled, per gallon.....	1.928	.1148

SPECIAL TABLE No. 7

Fuel and Light, October 1, 1904, to September 30, 1905

Coal, total annual cost.....	\$74,619 69
Annual per capita cost.....	20.6018
Number of tons consumed.....	22,106 1411-2240
Average price per ton.....	\$3.3754

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STATEMENT SHOWING THE KINDS AND QUANTITIES OF
FARM PRODUCE, INCLUDING VEGETABLES, FRUITS,
ETC., RAISED AND CONSUMED DURING THE YEAR
ENDING SEPTEMBER 30, 1905, WITH THE ESTI-
MATED VALUE OF EACH

Article	Quantity	Value
Asparagus.....	5,134 bunches.....	\$359 38
Beets.....	372 6-32 bushels.....	111 66
Beet greens.....	21 bushels.....	5 25
Beans, string.....	503½ bushels.....	251 75
Beans, lima.....	34 bushels.....	25 50
Brussels sprouts.....	2½ bushels.....	1 69
Cabbage.....	77,465 pounds.....	387 33
Carrots.....	355 bushels.....	106 50
Chard, Swiss.....	411 bushels.....	82 20
Celery.....	9,923 heads.....	297 69
Celery tops.....	10 bushels.....	2 00
Corn, sweet.....	32,339 ears.....	242 54
Corn, shelled.....	120 bushels.....	60 00
Corn, fodder.....	25 tons.....	75 00
Cucumbers.....	105 29-32 bushels.....	52 95
Cucumbers, for pickles.....	3,030.....	22 73
Ensilage.....	90 tons.....	315 00
Egg plant.....	1,366 pounds.....	40 98
Horse radish.....	77 bunches.....	4 74
Kale, Scotch.....	26 bushels.....	13 00
Kohl rabi.....	4 bushels.....	1 40
Leeks.....	1 26-32 bushels.....	54
Leeks.....	1,884 bunches.....	56 52
Lettuce.....	793½ bushels.....	317 40
Okra.....	3 27-32 bushels.....	2 88
Onions.....	393½.....	236 10
Onions, green.....	6,503 bunches.....	130 06
Oyster plant.....	11 12-32 bushels.....	5 69
Parsnips.....	266 6-32 bushels.....	106 48
Parsley.....	30 19-32.....	15 29
Peas.....	112 bushels.....	84 00
Potatoes, white.....	4,158 bushels.....	2,079 00
Potatoes, sweet.....	17½ barrels.....	30 33
Peppers, green.....	25 bushels.....	18 75
Peppers, red.....	325 dozens.....	9 75
Pumpkins.....	7 1762-2000 tons.....	39 41

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Radishes.....	10,551 bushels.....	\$422 04
Radishes.....	$\frac{1}{2}$ bushel.....	38
Rhubarb.....	10,532 bunches.....	526 60
Spinach.....	151 $\frac{1}{2}$ bushels.....	37 88
Squash.....	15,739 pounds.....	157 39
Tomatoes, ripe.....	466 bushels.....	186 40
Tomatoes, green.....	10-32 bushels.....	08
Turnips.....	2,402 bushels.....	600 50
Straw, rye.....	20 790-2000 tons.....	275 33
		<hr/>
		\$7,798 09
		<hr/> <hr/>

Fruits and Berries

Apples.....	28 bushels.....	\$14 00
Apples, crab.....	38 bushels.....	28 50
Grapes.....	4,054 pounds.....	101 35
Gooseberries.....	64 quarts.....	3 84
Raspberries, red.....	247 quarts.....	19 76
Strawberries.....	2,165 bushels.....	173 20
Pears.....	8 $\frac{1}{2}$ bushels.....	8 50
Peaches.....	4 bushels.....	6 00
Melons, musk.....	1,495.....	89 70
Melons, water.....	2,139.....	213 90
		<hr/>
		\$658 75
		<hr/> <hr/>

Meats and Sundries

Lamb.....	116 pounds.....	\$11 60
Chicken.....	1,353 pounds.....	202 95
Duck.....	454 $\frac{1}{2}$ pounds.....	68 17
Pork, fresh.....	39,874 88-100 pounds....	2,990 06
Eggs.....	3,696 dozens.....	739 20
Milk, cows.....	38,103 quarts.....	1,238 35
Lard.....	1,092 12-100 pounds.....	87 37
		<hr/>
		\$5,337 70
		<hr/> <hr/>

Farinaceous Foods

Buckwheat.....	37 bushels.....	\$22 20
Flour, rye.....	20 180-196 barrels.....	89 74
Wheat.....	118 bushels.....	94 40
		<hr/>
		\$206 34
		<hr/> <hr/>

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STATISTICAL TABLES

TABLE No. I

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904.....	2,220	1,537	3,757
Admitted during year ending September 30, 1905.....	324	224	80
On original commitments:			
From residences.....	305	214	51
By transfers from other institutions for in-sane.....	19	10	29
Total number under treatment during year....	2,544	1,761	4,305
Daily average population.....	2,138	1,484	3,622
Capacity of institution.....	2,174	1,412	3,586
Discharged during the year:			
As recovered.....	98	66	164
As improved.....	70	61	131
As unimproved.....	192	15	207
As not insane.....	3		3
Died.....	144	104	248
Whole number discharged during the year....	507	246	753
Remaining October 1, 1905.....	2,037	1,515	3,552

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TABLE No. 2

October 1, 1904, to September 30, 1905

Date of opening.....	May, 1889
Total acreage of grounds and buildings.....	1,000
Value of real estate, including buildings.....	\$2,026,557 82
Value of personal property.....	220,000 00
Acreage under cultivation.....	305

Receipts during year, maintenance fund:

Balance on hand October 1, 1904	\$5,942 46
From State treasury for maintenance on estimates, 1 to 12, inclusive.....	566,850 00
From reimbursing patients.....	10,315 79
From all other sources.....	1,737 87

Total receipts for maintenance.....	<u>\$584,846 12</u>
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	<u>\$49,371 65</u>
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$23,319 60
Estimate No. 2. For wages.....	179,649 33
Estimate No. 3. For provisions and stores.....	208,096 96
Estimate No. 4. For ordinary repairs.....	10,447 60
Estimate No. 5. For farm and grounds.....	7,919 61
Estimate No. 6. For clothing of patients.....	27,042 50
Estimate No. 7. For furniture and bedding.....	12,706 08
Estimate No. 8. For books and stationery.....	2,004 35
Estimate No. 9. For fuel and light.....	75,587 20
Estimate No. 10. For medical supplies.....	2,661 03
Estimate No. 11. For miscellaneous expenses.....	17,586 24
Estimate No. 12. For transportation.....	1,515 15

Total disbursements, estimates 1 to 12, inclusive	<u>\$568,535 65</u>
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Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	<u>\$49,371 65</u>
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Paid to State treasurer, sundry receipts	<u>\$10,703 99</u>
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CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Balances October 1, 1905:

General maintenance fund.....	\$5,606 56
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive	3.01
Maximum rate of wages paid attendants:	
Men.....	\$495 00
Women.....	420 00
Minimum rate of wages paid attendants:	
Men.....	264 00
Women.....	192 00
Proportion of day attendants to average daily popu- lation.....	304 to 3,622
Proportion of night attendants to average daily popu- lation.....	51 to 3,622
Percentage of daily patient population engaged in some kind of useful occupation.....	.70
Estimated value of farm and garden products during year.....	\$14,219 63
Estimated value of articles made or manufactured by patients during year.....	25,648 49

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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	4	8	12	.....	3	3	1
Mental strain, worry and overwork (not included in above).....	11	11	22	1	2	3	4
Love affairs (including seduction).....	1	5	6	.....	1	1	4
Fright and nervous shock.....		2	2	.....	.....	.....	.....
Physical:							
Intemperance.....	36	6	42	4	.....	4	11
Venereal diseases.....	9	.....	9	2	.....	2	4
Masturbation.....	4	.....	4	.....	.....	.....	.....
Sunstroke.....	2	.....	2	.....	.....	.....	.....
Accident or injury.....	4	.....	4	.....	.....	.....	1
Parturition and puerperium.....		4	4	.....	1	1	.....
Change of life.....		5	5	.....	.....	.....	.....
Fevers.....	1	.....	1	.....	.....	.....	.....
Privation and overwork.....		1	1	.....	.....	.....	.....
Epilepsy.....	2	5	7	.....	.....	.....	2
Diseases of skull and brain.....		1	1	.....	.....	.....	1
Old age.....	9	5	14	.....	1	1	4
Epidemic influenza.....	1	1	2	.....	.....	.....	.....
Abuse of drugs.....	2	.....	2	.....	.....	.....	.....
Other auto-infection.....		2	2	.....	.....	.....	.....
All other bodily disorders and ill health.....	4	6	10	1	2	3	3
Hereditary.....	18	13	31	17	11	28	2
Congenital defect....	2	.....	2	.....	.....	.....	.....
Unascertained.....	211	149	360	14	13	27	108
Not insane.....	3	.....	3	1	.....	1	1
Total.....	324	224	548	40	34	74	146

SEVENTEENTH ANNUAL REPORT OF THE
CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the current year

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	37	6	1
General paralysis.....	71	.....	54
Senile insanity.....	41	.....	15
Epilepsy with insanity.....	15	1	11
Imbecility, idiocy with insanity.....	5	.....	.....
Other psychoses.....	376	157	167
Not insane*.....	3	.....	.....

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6
Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	23	26	49	7	.....	7	78	55	133	17	1	18
One to three months.....	10	8	18	12	17	29	59	21	80	49	30	79
Three to six months.....	15	6	21	22	30	52	28	11	39	56	55	111
Six to nine months	6	2	8	20	10	30	18	7	25	53	24	77
Nine months to one year.....	6	4	10	11	2	13	8	4	12	29	11	40
One year to eighteen months.....	1	4	5	10	3	13	9	7	16	40	7	47
Eighteen months to two years.....	.....	2	2	2	3	5	2	2	4	16	4	20
Two to three years.....	6	4	10	2	1	3	12	8	20	19	3	22
Three to four years.....	.....	.....	.....	9	.....	9	7	.....	7	.....	.....	.....
Four to five years.....	2	3	5	3	.....	3	.....	.....	.....	19	1	20
Five to ten years.....	1	.....	1	.....	.....	.....	8	4	12	12	1	13
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	1	3	3	.....	3
Not insane*.....	.....	.....	.....	.....	.....	.....	3	3	6	1	1	2
Unascertained.....	28	7	35	.....	.....	.....	80	15	95	.....	.....	.....
Total.....	98	66	164	98	66	164	314	138	452	314	138	452

*Includes cases of alcoholism, drug habit, etc..

SEVENTEENTH ANNUAL REPORT OF THE
CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year and
since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	4	.....	4	5	.....	5
Small pox.....	.....	.....	.....	2	.....	2
Diphtheria.....	.....	.....	.....	.....	1	1
Erysipelas.....	.....	.....	.....	3	.....	3
Septicemia and pyemia..	.....	1	1	3	1	4
Dysentery.....	.....	.....	.....	3	2	5
Syphilis.....	.....	1	1	3	1	4
Tuberculosis.....	18	26	44	144	112	256
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....	.....	.....	.....	3	.....	3
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....	.....	.....	.....	1	.....	1
Diseases of the stomach.....	1	.....	1	3	2	5
Diseases of the intestines.....	4	6	10	36	23	59
Diseases of the liver....	2	1	3	9	5	14
Diseases of the pancreas.....	.....	.....	.....	1	6	7
Diseases of the respiratory system:						
Diseases of the bronchi.....	.....	.....	.....	3	1	4
Diseases of the lungs....	18	6	24	65	30	95
Diseases of the circulatory system:						
Diseases of the pericardium.....	.....	.....	.....	.....	2	2
Diseases of the heart....	33	22	55	140	75	215
Arterio-sclerosis.....	1	1	2	1	2	3
Diseases of the Blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....	.....	.....	.....	.....	2	2
Hodgkin's disease, Addison's disease and myxœdema.....	.....	.....	.....	.....	1	1

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the genito- urinary system.....	4	4	8	38	19	57
Diseases of the ner- vous system:						
Diseases of the nerves...	1	1	2	1	1	2
Diseases of the spinal cord.....	.....	.....	.....	.....	2	2
Diseases of the meninges	2					
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	2	2	4	4	6	10
Epilepsy.....	2	6	8	15	14	29
Mental diseases:						
Exhaustion of acute men- tal disease.....	6	6	12	21	11	32
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	40	7	47	131	14	145
Heat-stroke.....	.....	.....	.....	2	.....	2
Debility of old age.....	.....	1	1	8	6	14
Accident.....	.....	.....	.....	8	.....	8
Suicide.....	.....	.....	.....	3	.....	3
Surgical and gy- necological dis- eases and dis- eases of the skin	4	.....	4	7	1	8
Malignant new growths or can- cer.....	2	5	7	12	19	31
Total	144	104	248	723	396	1,119

SEVENTEENTH ANNUAL REPORT OF THE
CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the
current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	14	6	20	53	44	97
Maternal branch.....	13	10	23	52	60	112
Paternal and maternal branches.....	1	.....	1	11	6	17
Collateral branches.....	13	20	33	69	86	155
No hereditary tendency.	198	132	330	417	364	781
Unascertained.....	85	56	141	349	248	597
Total.....	324	224	548	951	808	1,759

TABLE No. 9

Showing civil condition of patients admitted during the current year and since
October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	178	107	285	1,455	816	2,271
Married.....	119	96	215	758	710	1,468
Widowed.....	17	15	32	152	264	416
Divorced.....	5	2	7	10	13	23
Unascertained.....	5	4	9	216	37	253
Total.....	324	224	548	2,591	1,840	4,431

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	1	.....	1	8	5	13
Academic.....	.....	3	3	4	25	29
Common school.....	91	16	107	745	257	1,002
Read and write.....	86	19	105	529	296	825
Read only.....	.....	1	1	5	38	43
No education.....	16	3	19	125	70	195
Unascertained.....	130	182	312	1,175	1,149	2,324
Total.....	324	224	548	2,591	1,840	4,431

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905					SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Total
Under one month.....	17	12	29	13	12	25	41	28	69	92
One to three months.....	9	9	18	11	9	20	46	26	72	50
Three to six months.....	6	2	8	15	11	26	28	8	36	60
Six to nine months.....	4	3	7	13	2	15	20	12	32	35
Nine months to one year.....	15	1	16	9	1	10	18	4	22	24
One year to eighteen months.....	12	8	20	16	7	23	27	18	45	69
Eighteen months to two years.....	2	.....	2	5	2	7	9	1	10	27
Two to three years.....	5	- 3	8	10	4	14	26	11	37	72
Three to four years.....	3	1	4	3	5	8	17	10	27	61
Four to six years.....	5	9	14	11	11	22	12	15	27	96
Six to ten years.....	.....	2	2	7	12	19	4	8	12	175
Ten to twenty years.....	2	2	4	22	19	41	7	5	12	242
Twenty years and over.....	.....	3	3	9	9	18	2	5	7	117
Unascertained.....	64	49	113	.....	.....	.....	473	239	712	.....
Total.....	144	104	248	144	104	248	730	390	1,120	1,120
Average duration of insane life (give years and tenths)...				4.9	6.3	5.6	.....	.....	.....	7.8 7.0 7.4

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Unascertained.....	3	1	4	7	4	11
From 5 to 10 years....	1	.....	1	1	.....	1
From 10 to 15 years....	2	.....	2	8	.....	8
From 15 to 20 years....	17	20	37	134	100	234
From 20 to 25 years....	39	30	69	363	214	577
From 25 to 30 years....	45	28	73	400	298	698
From 30 to 35 years....	54	32	86	422	291	713
From 35 to 40 years....	44	25	69	381	243	624
From 40 to 50 years....	60	45	105	470	316	786
From 50 to 60 years....	36	22	58	247	211	458
From 60 to 70 years....	16	11	27	113	105	218
From 70 to 80 years....	6	7	13	31	48	85
From 80 to 90 years....	1	3	4	9	10	19
Total.....	324	224	548	2,593	1,840	4,433

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Unascertained.....	1	.....	1	3	.....	3
From 10 to 20 years....	11	4	15	23	10	33
From 20 to 30 years....	37	29	66	101	53	148
From 30 to 40 years....	22	17	39	87	37	127
From 40 to 50 years....	16	10	26	63	23	85
From 50 to 60 years....	9	5	14	29	8	38
From 60 to 70 years....	2	1	3	6	5	11
Total.....	98	66	164	312	136	445

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Unascertained.....	2	3	5	8	5	13
From 15 to 20 years....	4	2	6	7	7	14
From 20 to 25 years....	5	5	10	19	11	30
From 25 to 30 years....	9	4	13	33	18	51
From 30 to 35 years....	13	12	25	65	41	106
From 35 to 40 years....	16	13	29	99	40	139
From 40 to 50 years....	35	17	52	195	80	275
From 50 to 60 years....	30	24	54	149	86	235
From 60 to 70 years....	19	9	28	89	47	136
From 70 to 80 years....	11	13	24	53	33	86
From 80 to 90 years....	.....	2	2	12	18	30
From 90 to 100 years....	.....	.....	.....	1	4	5
Total.....	144	104	248	730	390	1,120

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	56	58	114
One to three months.....	36	28	64
Three to six months.....	29	15	44
Six to nine months.....	19	6	25
Nine months to one year.....	8	8	16
One year to eighteen months.....	18	20	38
Eighteen months to two years.....	10	2	12
Two to three years.....	19	11	30
Three to four years.....	14	8	22
Four to five years.....	4	7	11
Five to ten years.....	9	5	14
Ten to fifteen years.....	6	4	10
Fifteen to twenty years.....	1	3	4
Not insane*.....	3	.....	3
Unascertained.....	92	49	141
Total.....	324	224	548

*Includes cases of alcoholism, morphia habit, etc.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	77	38	115
One to three months.....	40	49	89
Three to six months.....	11	14	25
Six to nine months.....	53	31	84
Nine months to one year.....	13	7	20
One year to eighteen months.....	106	141	247
Eighteen months to two years.....	201	183	384
Two to three years.....	195	164	359
Three to four years.....	116	92	208
Four to five years.....	97	65	162
Five to ten years.....	472	346	818
Ten to fifteen years.....	304	191	495
Fifteen to twenty years.....	231	117	348
Twenty to thirty years.....	115	77	192
Thirty years and upward.....	3	.....	3
Not insane*.....	3	.....	3
Total.....	2,037	1,515	3,552

*Includes cases of alcoholism, morphia habit, etc.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional: Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	7	1	8	32	2	34
Commercial: Bankers, merchants, ac- countants, clerks, salesmen, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	78	.....	78	455	.....	455
Agricultural and pastoral: Farmers, gardeners, herdsmen, etc.....	59	.....	59	95	.....	95
Mechanics at out- door vocations: Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc...	29	.....	29	333	.....	333
Mechanics, etc., at sedentary voca- tions: Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	34	.....	34	346	7	353
Domestic service: Waiters, cooks, servants, etc.....	4	24	28	294	782	1,076
Educational and higher domestic duties: Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	144	144	30	609	639
Commercial: Shopkeepers, sales- women, stenographers, typewriters, etc.....	.....	7	7	15	44	59

CENTRAL ISLIP STATE HOSPITAL--ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		17	17	36	149	185
Miners, seamen, etc.....	5		5	66		66
Laborers.....	74		74	603		603
No occupation.....	20	30	50	121	200	321
Unascertained.....	14	1	15	165	47	212
Total.....	324	224	548	2,591	1,840	4,431

SEVENTEENTH ANNUAL REPORT OF THE
CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and
since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algeria.....				1	1	2
Armenia.....				3		3
Austria.....	9	6	15	79	73	152
Bavaria.....	1		1	1		1
Belgium.....					1	1
Bohemia.....	3	1	4	17	8	25
Canada.....	3	1	4	25	14	39
Central America.....				2		2
China.....	2		2	10		10
Cuba.....				8	5	13
Denmark.....	2	1	3	8	5	13
Egypt.....				1		1
England.....	11	8	19	72	51	123
Finland.....		2	2	8	10	18
France.....	2	1	3	21	14	35
Germany.....	47	24	71	315	231	546
Greece.....				7		7
Holland.....	2		2	3	2	5
Hungary.....	7	6	13	23	17	40
Ireland.....	25	33	58	358	445	803
Italy.....	22	3	25	123	32	155
Montenegro.....	1		1	1		1
Norway.....	3		3	7	5	12
Persia.....				1		1
Peru.....				1		1
Poland.....	5	3	8	12	3	15
Porto Rico.....	1		1	2		2
Roumania.....	3		3	12	6	18
Russia.....	28	27	55	174	132	306
Scotland.....	2		2	21	11	32
Spain.....				2	2	4
Sweden.....	4	4	8	39	31	70
Switzerland.....	4	2	6	18	9	27
Syria.....				3		3
Turkey.....				5	1	6
Unascertained.....	2	1	3	205	87	292
United States.....	133	101	234	988	642	1,630
Wales.....	1		1	3		3
West Indies.....	1		1	12	2	14
Total.....	324	224	548	2,591	1,840	4,431

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18—(*Concluded*)

Of the total number admitted since the 1st of October, 1888, the parents of 84.79 per cent were of foreign birth.

In 2.43 per cent the percentage on the paternal side was foreign, while that on the maternal side was native.

In 1.89 per cent the percentage on the maternal side was foreign, while that on the paternal side was native.

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	149		
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	3		
New York.....	338		
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	8		
Rensselaer.....			
Richmond.....	11		
Rockland.....			
St. Lawrence.....			

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....
Schenectady.....
Schoharie.....
Schuyler.....
Seneca.....
Steuben.....
Suffolk.....	39	.....	.....
Sullivan.....
Tioga.....
Tompkins.....
Ulster.....
Warren.....
Washington.....
Wayne.....
Westchester.....
Wyoming.....
Yates.....
Soldiers' Home.....
Total.....	548	.....	.....

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1905

COUNTIES	PUBLIC		
	Men	Women	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....	2		2
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	339	267	606
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	3		3
New York.....	996	882	1,878
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	46	49	95
Rensselaer.....			
Richmond.....	13	30	43

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Rockland.....			
St. Lawrence			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	32	17	49
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Unascertained.....	606	270	876
Total.....	2,037	1,515	3,552

TWELFTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

Gowanda State Homeopathic Hospital

AT GOWANDA, N. Y.

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1905

65

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ROBERT M. SCHLEY, M.D.....Assistant Physician
FREDERICK C. ROBBINS, M.D.....Junior Physician
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**TWELFTH ANNUAL REPORT OF THE GOWANDA STATE
HOMEOPATHIC HOSPITAL**

To the State Commission in Lunacy:

Gentlemen—I have the honor to present herewith the report of the Board of Managers of the Gowanda State Homeopathic Hospital for the fiscal year ending September 30, 1905.

Dated September 30, 1905.

EDWIN H. WOLCOTT

President

REPORT OF MANAGERS

To the State Commission in Lunacy, Albany, N. Y.:

Gentlemen—The board of managers of the Gowanda State Homeopathic Hospital pursuant to requirement of the statute creating it, makes the following report for the fiscal year ending September 30, 1905:

COMMENTS

At the close of the fiscal year, the board had only the opportunity to make two official inspections of the hospital, but as a majority of the board has had former official connection with the hospital for a number of years, it feels that it is fairly conversant with its affairs and does not as strangers take up the injunction of the statute to "take care of the general interests of the hospital and see that its design is carried into effect, according to law, and the by-laws, rules and regulations." This former experience and knowledge must have been the contributing cause in prompting your Honorable Commission to inscribe on its visiting book at the hospital on the occasion of its recent official visit the following, "The Commission desires to express their appreciation of the earnest and intelligent work done on behalf of this hospital by its board of managers." This board appreciates these sentiments from the Commission and it trusts it may continue its work as so expressed and in harmonious conjunction with the Commission, all for the best interests of the hospital and the State. It believes that its frequent visits and inspections of the hospital put it so closely in touch with the requirements of the hospital that its conclusions and recommendations will be deserving of due consideration.

VISITS AND INSPECTIONS

Inspections generally disclose that the wards of the hospital are pleasant and cheerful in appearance, cleanly and free from the usual hospital odor, and the patients appear well nourished and comfortable; the other buildings are well kept and orderly. For further details and for sake of brevity, the board respectfully refers to the subjoined reports of the different officers of the hospital.

HOSPITAL NEEDS

The board, although its time of service as now constituted has been short, yet its former experience as already stated justifies it in feeling that it has a practical knowledge of the general needs of

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

the hospital in the near future and it hopes that it will not appear presumptuous in submitting the following as necessary and desirable for the proper conduct of the hospital and needful to secure the best service and results, viz.:

ACUTE HOSPITAL

The most pressing need is an acute hospital for about 60 patients. The report of the superintendent, Dr. Arthur, and the records in the Commission's office disclose the fact of a very low death rate in the hospital and a very high rate of recoveries and improvements, notwithstanding the hospital lacks the best facilities for the intelligent and proper treatment of the acute insane, and also notwithstanding the further fact, that of the number under treatment since the hospital became operative, 649 have been transfers from other institutions, the significance of which must be keenly appreciable by all those of your discernment and experience. This argues well for the efficiency of the medical department and its system of treatment. As a matter of fairness this hospital is entitled to the same consideration relative to an acute hospital as the hospitals adjoining it, viz., Buffalo and Rochester, and that the afflicted of this hospital district require and demand the same opportunities to recover their sanity as those of other sections. It is conceded that an acute hospital is necessary for the best possible results and to give the recently afflicted the greatest possible opportunity for recovery, both for their own sake and as a matter of future economy. The State by what it has already done is committed to that proposition.

Your Honorable Commission in its last annual report to the Legislature asserted that it contemplated increasing the capacity of this hospital to 1,200 patients and that it had found it necessary to, and it had taken action to increase the water supply accordingly. The board assumes that part of that increased capacity included an acute hospital, moreover it is advised that the Commission contemplated building such a hospital a year ago and to that end plans were prepared accordingly and are now on file with the State architect and in the Commission's office. Notwithstanding the good results achieved by the hospital, as has been shown, and the desirability of an acute hospital to afford greater facilities for doing greater work, the hospital did not come, and why, the board does not know. The board most earnestly urges a reconsideration of this subject by the Commission, and out of justice to the hospital, the hospital district and as a reward of merit and for an opportunity to still further increase its effectiveness, it asks for this hospital.

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COLD STORAGE

Situated as this hospital is in the country, the killing and preserving its own meats, the necessity for cold storage is manifest. It is needless to elaborate, as the Commission and the board are agreed on this proposition.

ADDITIONAL LAND

The acquisition of additional land for the use of the hospital is most desirable. The capacity of the hospital is soon to be increased by 100 or more patients, by the fitting up of the upper stories of the administration building recently vacated by the superintendent and his medical and administrative staff, and the addition of one story to the "annex" building. This means more roots, more vegetables for patients and more cows to produce milk for the increased population. The present farm is being taxed to its full capacity to supply the present demands upon it.

Adjoining the hospital grounds on the northerly side and adjacent to the buildings is an 80-acre farm, mostly garden lands and particularly adapted to the very requirements of the hospital, which can be purchased for \$100 an acre or less. This is not an unreasonable price, the fertility of the land, the adaptability, the buildings upon it and all other things considered. Another potent reason why the hospital should acquire the farm is that the hospital buildings were from necessity located in the extreme northwest corner of the farm and adjoining these lands, which come within 12 feet of some of the buildings, viz. the nurses' home and the amusement hall, the latter a wooden structure. The land immediately adjacent consists of a grove of trees which is fast being cut by the owner and the ground is covered with brush and fallen trees, highly inflammable in dry times, and it has been and is a menace to these buildings. This grove should, by all means, be owned by the hospital, and before it is all cut down, the rail fences, brush and fallen timber removed to eliminate the danger of fire, its trees preserved as a recreation ground for patients and as a wind break to the hospital buildings. Beyond that, these lands are necessary for any further extension of buildings. They must be acquired sooner or later, and should be acquired before any complications arise.

DAIRY BARNES

An increase in patients, as shown above, will require more cows to provide the necessary milk for them. The present barns consist in part of mere sheds for housing, without storage capacity for the

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

crops and they are fully utilized. These barns are not equal to the barns of the average farmer with a like amount of stock to care for. Barn room of some kind must be provided for additional cows which must come with additional patients.

ICE DAM

For the same reasons follow the demands for a larger ice pond, lower down the ravine. This requires a new dam, which should be substantially built so that it will last and meet all future requirements. This is also in the interests of true economy, for ice at this hospital can be procured at a minimum cost with a proper dam. The present dam is a mere make-shift, liable to go out with any freshet. The pond also should become one of the landscape features of the hospital, furnishing an artificial lake within easy access from the buildings.

GATES

The hospital buildings are reached by a roadway through the grounds which intersects two main thoroughfares on either side of the buildings. As a matter of convenience, the travel which formerly passed over one of these thoroughfares is almost wholly diverted from it now and passes over this roadway through these grounds. There is difference of opinion as to whether the use of this roadway should be denied to the public, but all agree that the hospital should be in a position to control the traffic over it and to exclude that part of it which is objectionable. This control can only be exercised by the erection of suitable gates. Regulations concerning them can well be left to discretion of the superintendent and the board. They are a necessity in order to exclude objectionable traffic. They are desirable also and should be erected as a matter of dignity to the hospital and the State, if for nothing else. But there is another reason why they should be erected—the throwing of this roadway open and permitting it to be used uninterruptedly by the public may well raise the legal question of the state dedicating it as a public highway for public use, and by constant use easements may be acquired by the public, which may be embarrassing in the future. For these reasons the board recommends that gates be erected at either end of this roadway and in keeping with the institution and the dignity of the State.

GAS, WELLS

Two producing gas wells on the premises which have been in constant use for a number of years, have been serviceable and a profitable investment on the part of the State. The number of

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

years they have been producing gas demonstrates that with proper usage they will continue to produce gas indefinitely, but as a matter of fact they are not being properly used. All gas wells should have periods of rest, so that they can accumulate gas and pressure, and particularly pressure—pressure is what keeps water from percolating into the crevices occupied by gas. These wells have been so constantly used that their pressure is falling off and necessarily water will eventually drown them out unless allowed to rest and accumulate pressure. The board therefore recommends the drilling of another well, not only for an increase of the supply of gas, but to preserve the wells now in use. It is a matter of economy as well as expediency.

SHOP EXTENSION

The present shops are entirely too small to meet the requirements of the hospital and the convenience of mechanics, or for installing of desirable labor-saving machinery, such as a proper engine, pipe machine, turning lathe, drill press, shafting, belting, etc.

ROADS, WALKS, TREES AND SHRUBS

But very little has ever been allowed for these purposes. What has been done has been accomplished by the work of patients largely, at odd times with small allowances which could be obtained from time to time for that purpose. The work done with the means available is remarkable. Much more in this line is desirable and the board hopes that sufficient money will be appropriated to accomplish it.

PORCH EXTENSIONS

The extension of porches to the various wings is most desirable for the treatment of certain diseases and the board respectfully refers to the comments of the superintendent on this matter, who is so competent to judge of their usefulness. This board concurs in all he says and earnestly recommends these porch extensions.

BOILER, SILOS, ETC.

The board believes that the Commission is practically committed to the necessity and advisability of two additional silos, a creamery separator and a 15-horse power electric motor, one gang plow, manure spreader, corn harvester, a depot wagon and coal shed. The board is also convinced that it is also advisable as a matter of economy to purchase a feed and bone mill. An additional boiler

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it believes will force attention as the hospital increases, or in case one or more of the present boilers become disabled in cold weather. This should receive serious attention before such an event occurs.

TABULATION

For the better convenience of the Commission, the board begs to present the foregoing in tabular form, together with an estimate of the probable cost of each item, viz.:

Acute hospital.....	\$80,000 00
1 farm (80 acres), Stebbins.....	8,000 00
1 dairy barn.....	3,000 00
2 silos.....	450 00
1 creamery separator.....	225 00
1 15-horse power electric motor.....	1,200 00
1 gang plow.....	60 00
1 manure spreader.....	115 00
1 corn harvester.....	115 00
1 pair platform scales.....	200 00
Dam for ice pond.....	500 00
1 feed and bone mill.....	1,000 00
1 depot wagon.....	500 00
Cold storage plant.....	20,000 00
Hospital gates.....	500 00
Roads and walks.....	1,000 00
1 150-horse power boiler, auto stoker and connections..	3,600 00
2 new feed pumps to replace present ones.....	450 00
1 coal shed.....	300 00
1 engine 20-horse power for workshop.....	250 00
1 pipe machine, 1 to 4 inches.....	375 00
1 turning lathe, 14 inches by 6 feet.....	225 00
1 drill press.....	80 00
Shafting, pulleys, belting.....	75 00
Shop extension.....	1,000 00
Trees and shrubs.....	1,000 00
Shoe machinery.....	500 00
1 horse lawn mower.....	50 00
Machinery for carpenter department.....	500 00
New floor for bakery.....	500 00
Extension of porches.....	1,000 00

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CONCLUSION

The board is confident in the prediction that with the acquirement of the foregoing needs, the hospital will be a complete hospital in all its parts, up-to-date, with the proper facilities for the care and treatment of the insane in the most advantageous, scientific and systematic manner, and that the future needs of the hospital will be relatively small. When these things are accomplished, and not until then, will the board feel that it has carried out the provision of the statute to "take care of the general interests of the hospital and see that its design is carried into effect according to law, etc."

ACKNOWLEDGMENTS

The board desires to acknowledge the uniform courtesies extended to it by the superintendent, Dr. Arthur, and by his staff, both medical and administrative, and particularly to commend the earnestness which each of them display in their work and their eagerness to subserve the best interests of the patients and the State.

We annex hereto the report of the superintendent made to us as required by the statute.

All of which is respectfully submitted.

Dated September 30, 1905.

EDWIN H. WOLCOTT
FRANK W. CRANDALL
EUGENE H. PORTER
MARY B. SHEPARD
A. J. FRANTZ
FRED J. BLACKMON

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

REPORT OF MEDICAL SUPERINTENDENT

To the Board of Managers:

Gentlemen.—In accordance with statute I submit the following report of the operations of this hospital for the fiscal year ending September 30, 1905.

There were remaining in the hospital October 1, 1904, 384 men, 365 women, total 749. There were admitted during the year by direct commitments from residences 68 men, 52 women, total 120; by transfer from county houses two men, two women, total four; by transfer from other institutions 14 men, 13 women, total 27, thus giving us a total number under treatment of 468 men, 432 women, total 900, the daily average population being 755.299.

There were discharged during the year: as recovered 22 men, 19 women, total, 41; as improved 11 men, 10 women, total 21; as unimproved five men, four women, total nine; as not insane one man; there died during the year 24 men, 19 women, total 43, making the whole number discharged during the year 63 men, 52 women, total 115. There were remaining in the institution October 1, 1905, 405 men, 380 women, total 785.

The 41 recoveries give us a percentage of recoveries on the number admitted of 33.06; on the number discharged, including deaths, 35.96. There being 43 deaths, this will give us a percentage of mortality on the whole number treated of 4.77. This is a much better recovery rate than last year, which was 28.57, and is an especially low death rate in view of the fact that so many of our patients are transfers who were moved here from other institutions. Of the 43 that died 25 were over 50 years of age, 16 were over 60 years of age, nine over 70 and three past 80. Of those who died 34 had been insane for over one year, 22 for over three years, 18 had been insane from four to five years and 17 from seven to 30 years. I would also call attention to the fact that 28 recovered during the year of admission. Of these 41 recoveries 30 had been insane under one year.

During the year ending September 30, 1904, we received as direct commitments from residences 186 patients; for the past year we received as direct commitments from residences but 120. The increase for the year ending September 30, 1904, over that for the year ending September 30, 1905, was due to the fact that for three months in 1904 all patients from the city of Buffalo were committed to this hospital, thereby relieving the overcrowded condition of the Buffalo State Hospital.

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OCCUPATION OF PATIENTS

During the year we have continued to employ patients both in the hospital and about the grounds as their mental and physical condition would permit and according to the general needs of the institution. The grading about the hospital has all been accomplished by our patients. This in itself has been a vast work, as there were large quantities of earth to be removed and replaced. During the past summer the patients have accomplished the grading about the staff house and superintendent's residence and grass has been planted there, which will show a good lawn during the coming year. Our patients have continued to do the larger part of the farm and garden work, which has enabled us to supply the institution with all its vegetables and nearly all the farm feed. Those patients not so well adapted to outside work on account of less robust physical health have found different methods of occupation throughout the institution, on the wards, in the kitchen, basements and elsewhere, which has enabled the administration to at all times keep these different departments in the best of sanitary conditions. It is our expectation during the coming spring and summer to complete the grading about the institution, to drain the swamp woods just west of the buildings, to make walks and roads through these woods and thus secure a near-by parkway where the women patients of the institution can walk and sit during the summer months. There are many other improvements that we contemplate, namely, the building of walks and roads throughout the whole grounds, of which we have at the present time too few and not sufficiently well constructed to be of the best service during the winter and spring months.

We have found no deleterious effects by the employment of patients, and especially where the labor is carefully regulated by the ward physician with reference to the general health of the patient; in fact, we have found in a large majority of cases that work is for the best interest of the patient and that the larger class of our patients, being of the farmer element, are used to constant employment and improve more rapidly when busy with some work about the institution.

AMUSEMENT OF PATIENTS

The patients have been amused from time to time by plays, concerts, dances, ball-games, foot-ball, etc., during the winter and summer months as the amount of the amusement fund would permit and the ingenuity of officers and employees could devise. Our

GOWANDA STATE HOMOEOPATHIC HOSPITAL—ANNUAL REPORT

amusement hall has been one of the great benefits to the institution and the entertainments are looked forward to with eager anticipation by both patients and employees. There is no investment the State could have made that has afforded more delight and pleasure to this class of the sick.

The amusements that have been given during the past year are as follows:

Nov. 24, 1904—Thanksgiving dinner, dance.

Dec. 6, 1904—Sleigh ride for patients.

Dec. 7, 1904—Sleigh ride for patients.

Dec. 26, 1904—Christmas dinner, dance, etc.

Dec. 27, 1904—Entertainment. Prof. L. B. McKeen and wife.

Jan. 23, 1905—Entertainment. Prof. Bryant.

Feb. 17, 1905—Entertainment. King's Daughters, Gowanda.

Mar. 2, 1905—Vaudeville and vitagraph. Opening of Amusement Hall.

Mar. 29, 1905—Entertainment. "Man of Mystery." Howard Family and others.

May 1, 1905—Vaudeville and vitagraph.

July 4, 1905—Dance in grove, sports, refreshments, etc.

July 18, 1905—Entertainment. Miss Edith Crane, Miss Irwin, Highland, Kansas, and Prof. Salem Parker.

Aug. 22, 1905—Entertainment. Stocklader family.

Sept. 4, 1905—Labor day sports, dance, etc.

Sept. 29, 1905—17 patients taken on ride to Silver creek.

TRAINING SCHOOL

The training school has continued to maintain its standing as in past years. Of the 13 who took the examination at the end of the Junior year for promotion but two failed. Of the 10 who took the examination for diplomas at the end of the course last year, all passed. This year 29 entered for the entrance examination, of which number 26 passed and were admitted to the Junior class.

There has been no change in the curriculum of study except the use of the new text-book of nursing adopted by the conference of superintendents, namely that of Miss Clara S. Weeks.

It has been our purpose as far as possible to retain in the institution our graduate nurses, but many of them have been transferred to other institutions throughout the state and other States and many of them are doing general nursing in the cities and villages in the vicinity of the institution. It appears that the increase allowed by the Legislature for the nurse has done much for our ability to acquire both men and women of better education and better adaptability

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to the work of nursing the insane. There seems to be a general satisfaction among nurses with the wages paid.

MEDICAL SERVICES

The medical staff continues the same in personnel. Dr. Robert M. Schley was promoted to the position of assistant physician, Dr. Frederick C. Robbins to that of junior physician and Dr. Stephen S. P. Wetmore to that of medical interne. All the staff have constantly given an efficient service and have manifested every interest, not only in the ward work in the care of the patients, but in the general administration throughout the institution.

There has been no material change in treatment. The homeopathic method of prescribing is maintained in conjunction with all adjuvants known to medical science in the treatment of this class of disease.

During the course of the year the new method of history taking, as adopted by the Commission in Lunacy under the direction of Dr. Adolf Meyer, has been improved upon and perfected beyond that of last year. Dr. Clarence A. Potter spent three months during the spring at the Pathological Institute under the direction of the director, and at the present time Dr. Stephen S. P. Wetmore is spending three months under the same direction. Great benefit in the method of taking histories has been derived from these instructions which has given personal gratification both to myself and the staff in a better and a thorough appreciation of diagnosis and prognosis in the cases of patients. It is our intention to maintain a member of the staff at the institute whenever the opportunity occurs.

Besides the every-day and routine work of the staff, there has been done in a pathological way that which is worthy of report. There have been 211 examinations of urine made; 192 blood examinations; sputum examinations for tuberculosis, six; and of the 43 deaths 26 post mortem examinations have been made, giving a percentage of 60.43.

With the addition of the new buildings classification of patients has been nearer perfect so that we have been able to make several of the wards "open wards." This has been a source of satisfaction to the more intelligent class of patients, and especially so to their friends. It is our expectation, with the increase of the two wards in the administration building to be refitted in the near future, that more "open wards" may be established. During the past year we have had an average of 125 patients on parole about the grounds.

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ODONTOLOGIST'S REPORT

Carious teeth extracted.....	281
Roots extracted.....	714
Treatments of gums and abscessed teeth.....	80
Sub-maxillary salivary calculas removed.....	3
Alveola dental abscesses lanced.....	5
Treatment of necrosis of inferior maxillary bone caused by chronic dental abscess.....	1
Teeth cleaned.....	15 cases
Cement fillings, 30; silver, 35; temporary, 50	
Artificial dentures (new).....	5
Artificial dentures (repaired).....	8

A systematic examination of all patients in the hospital with the exception of a very few of the latest arrivals has been made twice during the year.

IMPROVEMENTS

During the past year the nurses' home and amusement hall were completed and are in service. The nurses' home has still the third floor to be finished, appropriation for which has been made by the Legislature, and bids for same will be advertised in the near future. The two other floors have an accommodation for 100 nurses and have given satisfaction in every respect both to the administration and to the employees who live there. Previous to the establishment of this home our nurses were crowded in a small dormitory over the congregate dining room, or on the wards, where, when their day's work was done, they had to remain, thus having no benefit of absence from their place of work and from the patients whom they had cared for from 12 to 14 hours. This home gives them a feeling that when the day is over they have a place to go that is a real home, with all its comforts and an absence from their all day surroundings. There are, however, quite a number of employees who still live in the dormitories over the dining room and, on the completion of the third floor, this place can be vacated.

We have also completed during the year the staff house and superintendent's residence. This leaves the second and third floors of the administration building free and empty, which, it is intended, shall be occupied by patients, 50 on each floor. Appropriation was made by the last Legislature for the refitting of these floors and plans have been prepared in furtherance of that purpose and will be submitted to your board and the State Commission in Lunacy

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

for approval in the near future. It is our expectation that in the spring this work will be completed and a transfer of patients of a mild character sent to us. The staff house and superintendent's residence have proved satisfactory in every respect, both in the general plans and the comfort to the medical officers.

The Legislature also appropriated funds for the building of a cement conduit for the main steam pipes leading from the power house to the administration building. Plans have also been prepared by the architect and submitted to your board and the Commission for approval. The work will hastily be pushed on the same. This will relieve the administration of apprehension in regard to the condition of the steam line, as these pipes are now buried in boxes in the ground at a depth of from 10 to 14 feet and should any serious accident occur, especially in the winter time, it would cause the greatest of inconvenience and probably much suffering on account of the time it would take to get at the pipes so situated and repair them.

A new floor of mosaic pattern, was installed in the kitchen in place of the old cement material, which had become so infiltrated with grease and hot water that it constantly gave a filthy appearance to the kitchen, even when it was the cleanest. The new floor is a great improvement. The floor is able to be kept in a strictly sanitary condition, besides it gives a very cleanly appearance to the kitchen at all times.

For the new Duhrkop bake-oven, allowed by the Legislature and the State Commission in Lunacy, contracts have been let and will be installed as early as possible. This we are very much in need of, as not only is the present oven too small but there are occasions where it is much in need of repairs, at which times we are unable to supply the institution with bread from our own bakery.

The other improvements allowed by the last Legislature are under way and we trust will be completed by the commencement of another year. Many small improvements have been made about the place by our own force, such as the building of a new root cellar, a new milk house, a hennery for the accommodation of 200 chickens and much ditching and grading, as spoken of previously.

NEEDS

The needs of the hospital for the coming year have been reported to the Commission by the board in your report, and I will add

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

to them but one, namely: Over the present congregate dining room for patients the dormitories, which are still occupied by employees, will be vacated during the winter on the completion of the third story of the nurses' home. I would advise then that these apartments be fitted up as an employees' dining room, which can be done with very little expense and in a short time. This would give us a dining room with easy service and plenty of light. The present dining room is situated in the basement of this building and is very crowded, not only as to space for employees but especially so in regard to service, washing of dishes, etc. Besides, in the winter time it is always dark and damp, there being no areaway about the place and the windows are very small. The employees constantly complain of contracting rheumatism in this dining room. With the present growth of the hospital this as a dining room should be abandoned, and especially so as the present dormitories can be used in its place so easily and at so little expense. I should think these dormitories could be fitted up at an expense of less than \$2,000 for dining room purposes.

VISITATIONS

The hospital has been visited and inspected during the year by representatives of the State Charities Aid Association—Mrs. G. W. Patterson, Westfield, N. Y.; Frederick P. Hall, Jamestown, N. Y.; and Hon. W. E. Wheeler, Portsville, N. Y.; by Commissioners Mabon, Lockwood and Parkhurst at different times in their official capacity, as also by Dr. Wm. L. Russell, medical inspector of the Commission in Lunacy; Miss Mary Vida Clark, assistant secretary of the State Charities Aid Association and by the Board of Visitation and Board of Managers monthly as the law requires. Also by Hon. Frank S. Wheeler, Jamestown, N. Y.; Dr. and Mrs. Adolf Meyer, Dr. Chas. W. Pilgrim, Poughkeepsie, N. Y.; Frank M. Johnson, sergeant-at-arms, State Senate; Hon. Wm. G. Laidlaw, Ellipticville, N. Y.; Dr. F. C. Ormes, Jamestown, N. Y.; Dr. B. D. Evans, superintendent New Jersey State Hospital, Morris Plains, N. J.; Hon. D. H. Johnson, supervisor Essex county, N. J.; Hon. Hugh Gallagher, Hon. Edward Foerl, Hon. August Seffel, Hon. Christian L. Nolz, Hon. Frank E. Wand, Hon. John T. Young, Hon. Ira Rudd, Hon. Pierce Black, Hon. Amos B. Pierce, Hon. F. Wagner, Hon. C. F. Bond, members of the Board of Freeholders of Essex county, N. J.; and Benj. F. Hurd and F. S. Suttoss, architects.

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SERVICES

Services have been conducted as usual at the hospital during the past year by the Rev. G. W. Ayers, archdeacon of the Episcopal church; Rev. P. J. Enright of the Catholic church; Rev. A. J. Purdy of the Presbyterian church; Rev. B. W. Hutchinson of the Methodist church.

ACKNOWLEDGMENTS

I wish to commend my steward, Earl R. Quackenbush, and matron, Miss Olive Carpenter, as also the supervisors, Arthur J. Kilbride and Miss Mary E. Kern, for thorough and efficient service in their different departments. To the board of visitation and board of managers, as a board and individually, I wish to express thanks for your renewed interest and good advice in administering the hospital. The State Commission in Lunacy have at all times given assurance of much interest in the hospital and have been liberal in the appropriations for its maintenance. I wish also to return grateful thanks on the part of the patients to those who have contributed magazines, papers and flowers to the wards of the hospital, and to the Grape Belt, Buffalo Times, Cattaraugus Republican, Ellicottville Post and Jamestown Journal for their papers weekly sent to the hospital.

Respectfully submitted.

DANIEL H. ARTHUR
Superintendent

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

REPORT OF TREASURER

To the Board of Managers of the Gowanda State Homeopathic Hospital:

The treasurer of the hospital respectfully submits the following summary of his receipts and disbursements for the year ending September 30, 1905.

SPECIAL FUND

Receipts

Received from comptroller's drafts	\$112,866 44
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Disbursements

Paid vouchers drawn by steward.....	\$112,866 44
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GENERAL FUND

Receipts

Amount on hand from last report.....	\$641 83
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Received from comptroller as follows:

Salaries.....	\$12,030 00
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Wages.....	57,800 00
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Supplies.....	80,200 00
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	150,030 00
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Received from reimbursing patients.....	8,241 82
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Received from private patients.....	20 00
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Received from steward's return (to State treasurer) .	15 00
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Received from sundry account (to State treasurer) .	25 00
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Total.....	\$158,973 65
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Disbursements

From State treasurer	\$8,301 82
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Officers' salaries.....	\$12,000 77
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Wages.....	57,710 22
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Provisions and stores....	\$36,490 85
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Ordinary repairs.....	3,211 87
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Farm and grounds.....	5,328 01
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Clothing.....	4,334 16
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Furniture and bedding...	2,690 59
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Books and stationery....	1,047 33
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Fuel and light.....	\$16,365 36		
Medical supplies.....	829 12		
Miscellaneous expenses....	6,358 34		
Transportation of patients	1,152 20	\$77,807 83	\$147,518 82
<hr/>			
Total.....		\$155,820 64	
Balance on hand.....		3,153 01	
<hr/>			
\$158,973 65			
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Respectfully

D. H. ARTHUR

Treasurer

GOWANDA STATE HOMOEOPATHIC HOSPITAL—ANNUAL REPORT

REPORT OF STEWARD

To Dr. D. H. Arthur, Superintendent:

I beg to submit the following report of departments under my supervision for the year ending September 30, 1905.

You will notice the larger departments are charged with the value of patients' labor, based on the cost of \$195.31 each per year for maintenance.

The results as shown are through the able co-operation of charge employees.

E. R. QUACKENBUSH

Steward

FARM AND GROUNDS

The farm, during the past year, has been under the immediate direction of James D. Edwards, who has been assisted by nine employees and 25 patients, all living at the farm house.

Debits

Inventory, Oct. 1, 1904.....	\$16,971 69
Interest, 6% of farm valuation \$30,000.00 and inventory	2,818 30
Account of wages per treasurer's report.....	4,583 37
Amount account board of employees.....	1,296 00
Amount account board of patients and labor.....	4,882 75
Expended for supplies account of maintenance per treasurer's report.....	5,328 01
Expended for supplies account special fund, per treasurer's report.....	179 43
Amount of profit.....	4,217 54
	<hr/>
	\$40,277 09
	<hr/> <hr/>

Credit

Products, etc., used as per appendix A	\$18,014 28
Labor as per appendix B	1,814 10
Florist wages, not a charge against farm.....	620 00
Supplies on general fund, treasurer's report, not a charge against farm.....	407 54
Amount of inventory Oct. 1, 1905, appendix C	19,421 17
	<hr/>
	\$40,277 09
	<hr/> <hr/>

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APPENDIX A

Farm and garden products used by hospital:

Beef, cow, 7,958 pounds.....	\$0 065	\$517 27
Pork, 23,803 pounds.....	075	1,785 22
Veal, 479½ pounds.....	08	38 36
Eggs, fresh, 555½ dozens.....	20	111 10
Milk, 186,099.5 quarts.....	0325	6,048 23
Butter, 1,034½ pounds.....		212 35
Potatoes, 3,295 bushels.....	50	1,647 50
Asparagus, 900 bunches.....	07	63 00
Onions, 624½ bushels.....	60	374 70
Cabbage, 130,682 pounds.....	005	653 41
Cauliflower, 821 heads.....	06	49 26
Celery, 1,347 heads.....	03	40 41
Cucumbers, 432 bushels.....	50	216 00
Turnips, 627 bushels.....	25	156 75
Parsnips, 267½ bushels.....	40	107 00
Peas, green, 198 bushels.....	75	148 50
Beets, 538 bushels.....	30	161 40
Beet greens, 104 bushels.....	25	26 00
Carrots, 207 bushels.....	30	62 10
Tomatoes, 579 bushels.....	40	231 60
Spinach, 126 bushels.....	25	31 50
Lettuce, 290½ bushels.....	40	116 20
String beans, 311 bushels.....	50	155 50
Radishes, 23,250 bunches.....	04	930 00
Rhubarb, 878 bunches.....	05	43 90
Sweet corn, 3,037½ dozens.....	09	273 36
Squash, 10,445 pounds.....	01	104 45
Beans, dry, 15½ bushels.....	2 00	30 50
Egg plant, 926 pounds.....	03	27 78
Onions, green, 21,000 bunches.....	02	420 00
Parsley, 238 bunches.....	03	7 14
Peppers, red, 44 dozens.....	03	1 32
Pumpkin, 5,400 pounds.....	0025	13 50
Salsify, 44 bushels.....	50	22 00
Horse radish, 5½ bushels.....	50	2 75
Pickles, 3,250 dozens.....	09	292 50
Kale, 10 bushels.....	50	5 00
Dill, 104 bunches.....	03	3 12
Sage, 20 bunches.....	12	2 00

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Savory, 95 bunches.....	\$0 05	\$4 75
Thyme, 80 bunches.....	10	8 00
Apples, 1,324 bushels.....	50	662 00
Blackberries, 50 quarts.....	06	3 50
Currants, 293 quarts.....	06	17 58
Raspberries, black, 96 quarts.....	06	5 76
Raspberries, red, 246 quarts.....	08	19 68
Strawberries, 1,691 quarts.....	08	135 28
Cherries, 287 quarts.....	06	17 22
Plums, 21 bushels.....	75	15 75
Pears, 47 bushels.....	1 00	47 00
Hay, timothy, 39.34 tons.....	12 00	354 10
Straw (oat), 15.81 tons.....	6 00	94 90
Grain (oats), 1,089 bushels.....	36	392 04
Bran for steers, 11,103 pounds.....		115 26
Cornmeal for steers, 30,888 pounds.....		323 59
Cornstalks, 37.616 tons.....		112 85
Ensilage, 7,566 pounds.....	3 50 per ton	13 24
Manure, other than for farm use, 5 loads.....	50	2 50
Cow hides, exchanged for beef, 847 pounds...		71 12
Calves, exchanged for veal, 27.....		48 00
Sweet corn, exchanged for corn.....		81 48
Cider apples, 620 bushels.....		155 00
Tobacco, 550 pounds.	12	66 00
Flour (wheat farm), 28½ barrels.....		115 00
		<hr/>
		\$18,014 28
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APPENDIX B

Work done by farm teams and men outside of farming:

Moving boiler, 3 days.....	\$11 49
Building cess pool, 2 days.....	7 66
Drawing ice to buildings, 47½ days.....	261 71
Drawing freight from station, 21½ days.....	64 15
Drawing cinders, 49½ days.....	131 24
Drawing coal, 31½ days.....	107 58
Shoveling coal, 5 days.....	8 81
Filling ice house, 13 days.....	58 42
Patients outing, 4 days.....	22 21
Digging graves, 8½ days.....	15 98
Driving (carriages), 25 days.....	36 05

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Scraping roads, 6 days.....	\$25 60
Grading, 262 days.....	698 10
Drawing gravel, 172 days.....	317 59
Mowing grass, 4 days.....	16 41
Labor on walks, 4 days.....	7 19
Labor ditching, 2 days.....	8 08
Odd jobs, 6½ days.....	15 83
	<hr/>
	\$1,814 10
	<hr/>

APPENDIX C

Inventory

Live stock:

Horses, farm, 10.....	\$1,200 00
Colt (17 months old), 1.....	90 00
Milch cows, 58.....	2,610 00
Cows, springers, 10.....	300 00
Cows, fat, 7.....	224 00
Yearling heifers, 13.....	195 00
Calves, heifers, 19.....	190 00
Bulls, 3.....	105 00
Oxen, 2.....	100 00
Sheep, 3.....	18 00
Brood sows, 11.....	165 00
Shoats, 47.....	423 00
Fat hogs, 14.....	210 00
Pigs, 56.....	168 00
Boars, 2.....	30 00
Hens, 98.....	49 00
Chickens, 95	28 50
Ducks, 2	1 00

Farm and garden products:

Hay, timothy, 42 tons.....	504 00
Hay, mixed, 112 tons.....	1,008 00
Straw, 90 tons.....	540 00
Oats, 3,200 bushels.....	1,152 00
Corn and oats, 1,200 pounds.....	12 00
Mangel wurzels, 620 bushels.....	124 00
Tobacco, 850 pounds.....	170 00
Beets, 860 bushels.....	258 00
Turnips, 730 bushels.....	182 50

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Parsnips, 600 bushels.....	\$240 00
Salsify, 120 bushels.....	60 00
Squash, 5,500 pounds.....	55 00
Apples, eating, 300 bushels.....	150 00
Apples, cider, 60 bushels.....	15 00
Parsley, 90 bunches.....	2 70
Cabbage, 65,000 pounds.....	325 00
Celery, 3,000 heads.....	90 00
Bran, 8,000 pounds.....	96 00
Oil meal, 2,000 pounds.....	26 00
Middlings, 2,000 pounds.....	25 00
Cornmeal, 3,100 pounds.....	37 20
Ensilage, 320 tons.....	1,120 00
Corn in ear, 1,150 bushels.....	575 00
Cornstalks, 325 tons.....	975 00
Hominy, 2,800 pounds.....	33 60
Kale, 40 bushels.....	20 00
Savory, 100 bunches.....	5 00
Dill, 110 bunches.....	3 30
Sage, 40 bunches.....	2 40
Thyme, 65 bunches.....	6 50
Brussel sprouts, 50 bushels.....	37 50
Cauliflower, 1,348 heads.....	80 88
Peppers, 20 dozens.....	60
Rutabagus, 670 bushels.....	167 50
Onions, 612 bushels.....	367 20
Pop corn, 27 bushels.....	27 00
Potatoes, 3,260 bushels.....	1,630 00
Carrots, 1,525 bushels.....	457 50
Egg plant, 400 pounds.....	12 00
Pumpkin, 4,000 pounds.....	10 00
Beans, 30 bushels.....	60 00
Wheat, 500 bushels.....	400 00
	<hr/>
	\$17,169 88
Farm and garden implements, etc.....	2,251 29
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	\$19,421 17
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GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

INDUSTRIAL SHOP

Debits

Inventory, Oct. 1, 1904.....	\$852 12
Wages, as per treasurer's report	663 76
Board.....	144 00
Supplies, as per treasurer's report, general fund.....	730 46
Supplies, as per treasurer's report, special fund	340 93
Profit, excluding patients' labor.....	290 61
	<hr/>
	\$3,021 88

Credits

Articles manufactured and repaired, appendix 1.....	\$2,114 59
Inventory, Oct. 1, 1905	907 29
	<hr/>
	\$3,021 88

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE NO. I

Showing movement of population for the year ending September 30, 1905

	Men	Women	Total
Remaining October 1, 1904.....	384	365	749
Admitted during year ending September 30, 1905.....	.....	.....	.....
On original commitments:			
From residences.....	68	52	120
By transfers from county houses.	2	2	4
By transfers from other institutions for insane.....	14	13	27
Total number under treatment during year.....	468	432	900
Daily average population.....	388.752	366.547	755.299
Capacity of institution.....	417	395	812
Discharged during the year:			
As recovered.....	22	19	41
As improved.....	11	10	21
As unimproved.....	5	4	9
As not insane.....	1	.....	1
Died.....	24	19	43
Whole number discharged during the year.....	63	52	115
Remaining October 1, 1905.....	405	380	785

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE NO. 2

October 1, 1904, to September 30, 1905

Date of opening.....	Aug. 9, 1898
Total acreage of grounds and buildings.....	500
Value of real estate, including buildings.....	\$838,941 75
Value of personal property.....	80,090 68
Acreage under cultivation.....	302

Receipts during year, maintenance fund:

Balance on hand October 1, 1904.....	\$641 83
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	\$150,030 00
From private patients.....	20 00
From reimbursing patients.....	8,241 82
From all other sources.....	40 00

Total receipts for maintenance.....	\$158,973 65
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$112,866 44
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$12,000 77
Estimate No. 2. For wages.....	57,710 22
Estimate No. 3. For provisions and stores.....	36,490 85
Estimate No. 4. For ordinary repairs.....	3,211 87
Estimate No. 5. For farm and grounds.....	5,328 01
Estimate No. 6. For clothing of patients.....	4,334 16
Estimate No. 7. For furniture and bedding.....	2,690 59
Estimate No. 8. For books and stationery.....	1,047 33
Estimate No. 9. For fuel and light.....	16,365 36
Estimate No. 10. For medical supplies.....	829 12
Estimate No. 11. For miscellaneous expenses.....	6,358 34
Estimate No. 12. For transportation.....	1,152 20

Total disbursements, estimates 1 to 12 inclusive	\$147,518 82
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Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$112,866 44
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GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 2—(Concluded)

Balances October 1, 1905.....	\$3,153 01
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	3,745
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Maximum rate of wages paid attendants:	
Men.....	\$41 25
Women.....	36 00
Minimum rate of wages paid attendants:	
Men.....	22 00
Women.....	16 00
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Proportion of day attendants to average daily population.....	1 to 9.561
Proportion of night attendants to average daily population.....	1 to 41.961
Percentage of daily patient population engaged in some kind of useful occupation.....	.5337
Estimated value of farm and garden products dur- ing year.....	\$20,707 85
Estimated value of articles made or manufactured by patients during year.....	2,813 97
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GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1905			INHERITED PREDISPOSITION		
	Men	Women	Total	Men	Women	Total
Moral:						
Adverse conditions (such as loss of friends, business troubles, etc.).....	3	5	8	.....	.....	.....
Mental strain, worry and overwork (not included in above).....	12	17	29	.....	2	2
Physical:						
Intemperance.....	21	2	23	1	.....	1
Masturbation.....	1	.....	1	.....	.....	.....
Accident or injury.....	4	.....	4	2	.....	2
Privation and overwork....	1	1	2	.....	.....	.....
Old age.....	5	2	7	3	2	5
Abuse of drugs.....	1	1	2	.....	.....	.....
All other bodily disorders and ill health.....	16	15	31	4	8	12
Hereditary.....	10	11	21	.....	.....	.....
Congenital defect.....	2	.....	2	.....	.....	.....
Unascertained.....	6	13	19	.....	.....	.....
Not insane.....	2	.....	2	.....	.....	.....
Total.....	84	67	151	10	12	22

SEVENTEENTH ANNUAL REPORT OF THE
GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 4
Showing forms of insanity in patients admitted, recovered and died during the
year ending September 30, 1905.

FORM	YEAR ENDING SEPTEMBER 30, 1905		
	Admitted	Recovered	Died
Alcoholic insanity.....	19	5	.....
General paralysis.....	11	.....	9
Senile insanity.....	20	.....	15
Epilepsy with insanity.....	1	.....	2
Imbecility, idiocy with insanity.....	3	.....	.....
Other psychoses.....	95	36	16
Not insane*.....	2	.....	1
Total.....	151	41	43

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5
Temporarily discontinued

TABLE No. 6

67

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1898					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	7	7	14	.....	.....	.....	36	29	65	4	.....	4
One to three months.....	7	4	11	.....	2	6	30	21	51	21	20	41
Three to six months.....	1	2	3	.....	3	7	11	11	22	43	27	70
Six to nine months.....	1	3	4	.....	4	7	10	11	21	15	14	29
Nine months to one year.....	1	1	2	.....	4	8	3	3	6	12	16	28
One year to eighteen months.....	1	1	2	.....	5	9	8	3	11	8	13	21
Eighteen months to two years.....	.....	.....	.....	.....	.....	1	2	1	3	7	3	10
Two to three years.....	1	1	2	.....	.....	1	4	4	8	3	.....	3
Three to four years.....	1	.....	1	.....	.....	.....	6	1	7	3	.....	3
Four to five years.....	.....	.....	.....	.....	.....	1	.....	4	4	1	.....	1
Five to ten years.....	1	.....	1	.....	1	1	.....	2	5	.....	1	1
Unascertained.....	1	.....	1	.....	.....	.....	4	4	8	.....	.....	.....
Total.....	22	19	41	22	19	41	117	94	211	117	94	211

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Tuberculosis.....	2	2	4	6	6	12
Diseases of the digestive system:						
Diseases of the stomach.....	1	.....	1	3	.....	3
Diseases of the intestines.....	1	.....	1	4	3	7
Diseases of the peritoneum.....	1	.....	1	7	3	10
Diseases of the respiratory system:						
Disease of the bronchi.....	.....	.....	.....	.....	2	2
Diseases of the lungs..	1	3	4	10	8	18
Diseases of the circulatory system:						
Diseases of the heart.....	.....	2	2	15	9	24
Arterio-sclerosis.....	1	.....	1	1	.....	1
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....	.....	.....	.....	.....	1	1
Diseases of the genito-urinary system.....	1	1	2	5	5	10
Diseases of the nervous system:						
Diseases of the meninges.....	.....	.....	.....	3	.....	3
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	2	.....	2	8	10	18
Mental diseases:						
Exhaustion of acute mental disease.....	2	.....	2	26	20	46
Exhaustion of chronic mental disease.....	12	11	23	27	14	41
Malignant new growths or cancer.....	.....	.....	.....	.....	2	2
Total.....	24	19	43	115	83	198

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	3	5	8	42	43	85
Maternal branch.....	5	6	11	44	56	100
Paternal and maternal branches.....	.....	.....	.....	10	6	16
Collateral branches.....	7	11	18	63	77	140
No hereditary tendency.	30	31	61	249	263	512
Unascertained.....	39	14	53	303	206	509
Total.....	84	67	151	711	651	1,362

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	35	21	56	369	237	606
Married.....	37	31	68	249	276	525
Widowed.....	6	14	20	58	126	184
Divorced.....	1	1	2	8	8	16
Unascertained.....	5	.....	5	27	4	31
Total.....	84	67	151	711	651	1,362

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	4	2	6	21	8	29
Academic.....	2	2	4	17	33	50
Common school.....	68	59	127	452	396	848
Read and write.....	5	.....	5	18	21	39
Read only.....	.....	.....	.....	22	18	40
No education.....	3	.....	3	25	20	45
Unascertained.....	2	4	6	156	155	311
Total.....	84	67	151	711	651	1,362

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1905						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	2	1	3	2	1	3	5	4	9	10	6	16
One to three months.....	1	.....	1	2	2	4	4	5	9	13	8	21
Three to six months.....	2	1	3	5	1	6	7	1	8	11	7	18
Six to nine months.....	2	1	3	3	.....	3	10	3	13	13	5	18
Nine months to one year.....	3	.....	3	2	2	4	6	.....	6	7	7	14
One year to eighteen months.....	.....	2	2	5	2	7	6	6	12	14	11	25
Eighteen months to two years.....	1	.....	1	1	4	5	2	1	3	8	7	15
Two to three years.....	.....	4	4	.....	4	4	13	10	23	18	10	28
Three to four years.....	.....	.....	.....	.....	1	1	5	6	11	8	10	18
Four to six years.....	1	1	2	.....	1	1	12	7	19	7	11	18
Six to ten years.....	1	1	2	4	1	5	14	6	20	4	1	5
Ten to twenty years.....	4	3	7	.....	.....	.....	15	18	33	1	.....	1
Twenty years and over.....	1	2	3	.....	.....	.....	5	6	11	1	.....	1
Not insane*.....	.....	.....	.....	.....	.....	.....	3	.....	3	.....	.....	.....
Unascertained.....	6	3	9	.....	.....	.....	8	10	18	.....	.....	.....
Total.....	24	19	43	24	19	43	115	83	198	115	83	198
Average duration of insane life (give years and tenths)...				5.8	10.2	8	.....	.....	.....	6.3	9	7.6

*Includes cases of alcoholism.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....	.....	.....	.....	1	1	2
From 15 to 20 years....	1	2	3	22	17	39
From 20 to 25 years....	6	6	12	45	32	77
From 25 to 30 years....	9	3	12	56	38	94
From 30 to 35 years....	6	8	14	59	59	118
From 35 to 40 years....	9	4	13	86	78	164
From 40 to 50 years....	21	20	41	182	155	337
From 50 to 60 years....	12	6	18	118	130	248
From 60 to 70 years....	11	12	23	80	97	177
From 70 to 80 years....	7	6	13	43	37	80
From 80 to 90 years....	2	.....	2	15	7	22
Unascertained.....	.....	.....	.....	4	.....	4
Total.....	84	67	151	711	651	1,362

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years....	1	1	2	9	4	13
From 20 to 30 years....	5	6	11	33	24	57
From 30 to 40 years....	5	5	10	21	32	53
From 40 to 50 years....	7	4	11	33	15	48
From 50 to 60 years....	3	1	4	15	12	27
From 60 to 70 years....	1	1	2	6	6	12
From 70 to 80 years....	.....	1	1	.....	1	1
Total.....	22	19	41	117	94	211

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					1	1
From 15 to 20 years.....					1	1
From 20 to 25 years.....		1	1	1	1	2
From 30 to 35 years.....	1	2	3	6	4	10
From 35 to 40 years.....	1	1	2	9	9	18
From 40 to 50 years.....	8	4	12	24	11	35
From 50 to 60 years.....	6	3	9	19	19	38
From 60 to 70 years.....	4	3	7	29	16	45
From 70 to 80 years.....	3	3	6	18	16	34
From 80 to 90 years.....	1	2	3	7	4	11
Over 90 years.....				2	1	3
Total.....	24	19	43	115	83	198

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1905

DURATION OF INSANITY	Men	Women	Total
Under one month.....	12	15	27
One to three months.....	14	11	25
Three to six months.....	8	7	15
Six to nine months.....	6	2	8
Nine months to one year.....	2	5	7
One year to eighteen months.....	7	3	10
Two to three years.....	5	1	6
Three to four years.....	1	3	4
Four to five years.....	2	3	5
Five to ten years.....	9	5	14
Ten to fifteen years.....	4	3	7
Fifteen to twenty years.....	1	1	2
Twenty to thirty years.....		4	4
Thirty years and upwards.....		3	3
Unascertained.....	13	1	14
Total.....	84	67	151

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1905

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	17	18	35 .
One to three months.....	16	10	26
Three to six months.....	12	13	25
Six to nine months.....	6	9	15
Nine months to one year.....	7	5	12
One year to eighteen months.....	7	7	14
Eighteen months to two years.....	29	33	62
Two to three years.....	188	135	323
Three to four years.....	16	16	32
Four to five years.....	24	24	48
Five to ten years.....	83	110	193
Total.:	405	380	785

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	3	2	5	15	4	19
Commercial:						
Bankers, merchants, ac- countants, clerks, salesmen, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	7	.....	7	76	1	77
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	19	.....	19	158	.....	158
Mechanics, at out- door vocations:						
Blacksmiths, carpenters, engine fitters, painters, police, etc.....	13	.....	13	108	.....	108
Mechanics, etc., at sedentary voca- tions:						
Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	2	.....	2	50	2	52
Domestic service:						
Waiters, cooks, servants, etc.....	.....	15	15	1	160	161
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	43	43	5	392	397
Commercial:						
Shopkeepers, saleswo- men, stenographers, typewriters, etc.....	.....	.....	.....	1	2	3

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation: Tailoresses, seamstresses, bookbinders, factory workers, etc.....	-	2	2	2	32	34
Miners, seamen, etc.....	2	.....	2	4	.....	4
Laborers.....	34	.....	34	226	.....	226
No occupation.....	1	3	4	44	45	89
Unascertained.....	3	2	5	21	13	34
Total.....	84	67	151	711	651	1,362

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1905			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	58	47	105	450	412	862
Scotland.....					2	2
Bohemia.....				1		1
Holland.....				3	2	5
Germany.....	6	6	12	52	47	99
Poland.....	4	1	5	13	8	21
Ireland.....	7	5	12	59	57	116
Switzerland.....		2	2	3	4	7
England.....	1		1	23	15	38
Norway.....				1	3	4
Italy.....				6	1	7
Denmark.....				1	1	2
Sweden.....	3	2	5	38	35	73
Canada.....	1	1	2	12	15	27
Russia.....				3	3	6
Nova Scotia.....					1	1
Austria.....	2		2	6		6
Hungary.....				2	1	3
France.....				2	2	4
Wales.....				1	1	2
Prince Edwards Island..				1		1
Barbadoes.....				2		2
Unascertained.....	2	3	5	32	41	73
Total.....	84	67	151	711	651	1,362

Of the total number admitted since the 1st of October, 1888, the parents of .30375 per cent were both of foreign birth.

In .0338 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In .0118 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1905

	Public	Private	Total
Albany.....			
Alleghany.....			
Broome.....			
Cattaraugus.....	20		20
Cayuga.....			
Chautauqua.....	43		43
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	54		54
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....	2		2
Montgomery.....			
Nassau.....			
New York.....	2		2
Niagara.....	2		2
Oneida.....			
Onondaga.....	1		1
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....	1		1
Queens.....	1		1
Rensselaer.....	1		1
Richmond.....			
Rockland.....			

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 19—(Concluded)

	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....	1		1
Steuben.....			
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....	23		23
Yates.....			
Soldiers' Home.....			
Total.....	151		151

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September, 30, 1905

COUNTIES	PUBLIC		
	Men	Women	Total
Albany.....	8	3	11
Allegany.....		1	
Broome.....			
Cattaraugus.....	66	79	145
Cayuga.....			
Chautauqua.....	113	114	227
Chemung.....	1		1
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....	3		3
Erie.....	78	88	166
Essex.....			
Franklin.....			
Fulton.....	2		2
Genesee.....	1	3	4
Greene.....			
Hamilton.....			
Herkimer.....	2	2	4
Jefferson.....			
Kings.....			
Lewis.....		1	1
Livingston.....	1	1	2
Madison.....	1	2	3
Monroe.....	11	3	14
Montgomery.....	4	7	11
New York.....	32	8	40
Niagara.....	2	4	6
Oneida.....	11	17	28
Onondaga.....	5	1	6
Ontario.....			
Orange.....		4	4
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....	1		1
Queens.....	3		3
Rensselaer.....	7	4	11

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Richmond.....			
Rockland.....			
St. Lawrence.....		1	1
Saratoga.....	2	8	10
Schenectady.....	8		8
Schoharie.....			
Schuyler.....		1	1
Seneca.....	2		2
Steuben.....			
Suffolk.....	1	2	3
Sullivan.....		1	1
Tioga.....			
Tompkins.....			
Ulster.....	2		2
Warren.....		2	2
Washington.....			
Wayne.....			
Westchester.....	1		1
Wyoming.....	25	22	47
Yates.....			
Unascertained.....	12	1	13
Total.....	405	380	785

THIRTEENTH ANNUAL REPORT

OF THE

State Charities Aid Association

TO THE

State Commission in Lunacy

November 1, 1905

STATE CHARITIES AID ASSOCIATION

OFFICERS—1905-1906

MR. JOSEPH H. CHOATE.....President
MRS. WILLIAM B. RICE.....Vice-President
MR. GEORGE F. CANFIELD.....Vice-President
MISS LOUISA LEE SCHUYLER.....Vice-President
MR. CHARLES S. FAIRCHILD.....Treasurer
MRS. HENRY OOTHOUT.....Librarian
MR. HOMER FOLKS.....Secretary
MISS MARY VIDA CLARK.....Assistant Secretary

MANAGERS

Term Expires 1906

MR. EUGENE A. PHILBIN, MR. P. TECUMSEH SHERMAN,
MR. CARL SCHURZ, MR. FELIX M. WARBURG,
MISS LOUISA LEE SCHUYLER, DR. GEORGE G. WHEELock,
MRS. MARY HATCH WILLARD.

Term Expires 1907

MRS. TUNIS G. BERGEN, MR. GEORGE F. CANFIELD,
MISS M. KATE BRICE, MR. JOSEPH H. CHOATE,
MISS HELEN C. BUTLER, MR. CHARLES S. FAIRCHILD,
MRS. WILLIAM K. DRAPER.

Term Expires 1908.

DR. CHARLES HITCHCOCK, MR. JOHN A. McKIM,
MR. FRANCIS C. HUNTINGTON, MISS RUTH MORGAN,
MR. CHARLES H. MARSHALL, MRS. HENRY OOTHOUT,
MRS. WILLIAM B. RICE.

COMMITTEE ON THE INSANE

MR. GEORGE F. CANFIELD, *Chairman*

MISS MARY VIDA CLARK, *Secretary*

DR. CHARLES L. DANA, MR. WILLIAM CHURCH OSBORN.
MR. CHARLES S. FAIRCHILD, DR. FREDERICK PETERSON,
DR. CHARLES HITCHCOCK, MRS. WILLIAM B. RICE,
MR. FRANCIS C. HUNTINGTON, MISS LOUISA LEE SCHUYLER

SUB-COMMITTEE ON THE AFTER CARE OF THE INSANE

MISS LOUISA LEE SCHUYLER, *Chairman*

MISS MARY VIDA CLARK, *Secretary*

MISS FLORENCE M. RHETT, MRS. HERBERT LIVINGSTON
MRS. JAMES ROOSEVELT, SATTERLEE,
MRS. FRANK SULLIVAN SMITH

SEVENTEENTH ANNUAL REPORT OF THE
STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

VISITORS TO STATE HOSPITALS

UTICA STATE HOSPITAL

Dr. W. E. FORD, 266 Genesee street, Utica
Pres't M. W. STRYKER, Hamilton College, Clinton

WILLARD STATE HOSPITAL

Mr. A. B. HOUGHTON, Corning
Mr. MARVIN OLCOTT, Corning
Mr. JOHN H. OSBORNE, Auburn
Mrs. ARTHUR E. VALOIS, Valois-on-Seneca

HUDSON RIVER STATE HOSPITAL

Miss MYRA H. AVERY, 137 Academy street, Poughkeepsie
Miss GEORGINA A. JACKSON, Catskill
Mr. LEWIS R. PARKER, 25 North Pearl street, Albany
Miss MARY L. VAN ORDEN, Catskill

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

Mr. JAMES CARSON, Middletown
Mr. D. C. McMONAGLE, Middletown
Mr. H. W. MUNROE, Tuxedo
Mrs. H. W. MUNROE, Tuxedo
Mr. PAUL TUCKERMAN, Tuxedo
Mrs. PAUL TUCKERMAN, Tuxedo
Mr. H. K. WILCOX, Middletown

BUFFALO STATE HOSPITAL

Mrs. BERNARD BARTOW, 481 Delaware avenue, Buffalo
Dr. CHARLES SUMNER JONES, 697 Delaware avenue, Buffalo
Miss ADA M. KENYON, The Buckingham, Allen and Mariner streets, Buffalo
Hon. GEORGE A. LEWIS, 258 Elmwood avenue, Buffalo
Mrs. J. J. McWILLIAMS, 277 Linwood avenue, Buffalo

BINGHAMTON STATE HOSPITAL

Mr. FRED H. HASKINS, Binghamton
Mr. CHARLES E. LEE, Front street, Binghamton

ST. LAWRENCE STATE HOSPITAL

Captain FRANK CHAPMAN, Ogdensburg
Mr. GEORGE W. KNOWLTON, Watertown
Mrs. GEORGE W. KNOWLTON, Watertown

ROCHESTER STATE HOSPITAL

Prof. SAMUEL A. LATTIMORE, 595 University avenue, Rochester
Mrs. JOHN S. MORGAN, 12 Arnold Place, Rochester
MRS. DANIEL B. MURPHY, 541 University avenue, Rochester

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

LONG ISLAND STATE HOSPITAL

Mrs. ARNOLD G. DANA, 140 Columbia Heights, Brooklyn

Mr. CHARLES M. FIELD, 156 Hicks street, Brooklyn

Mr. ALBRO J. NEWTON, 140 Columbia Heights, Brooklyn

KINGS PARK STATE HOSPITAL

Miss ELIZABETH CARY, 204 South Oxford street, Brooklyn

Rev. JOHN C. YORK, Huntington, Long Island

MANHATTAN STATE HOSPITAL

Mr. ERNESTO G. FABBRI, 11 East 62d street, New York

Mrs. ALBERT H. HARRIS, 500 Madison avenue, New York

Miss JEAN C. PALMER, 17 Madison Square, North, New York

Miss ALICE PINE, 45 Fifth avenue, New York

Miss FLORENCE M. RHETT, 122 East 34th street, New York

Mrs. HERBERT LIVINGSTON SATTERLEE, 225 Madison avenue, New York

MISS ETTIE SHIPPEN, 320 Lexington avenue, New York

CENTRAL ISLIP STATE HOSPITAL

Rev. JOHN H. PRESCOTT, Sayville, Long Island

Mr. JOHN H. VAIL, Islip, Long Island

GOWANDA STATE HOMEOPATHIC HOSPITAL

Mrs. WILLIAM BOOKSTAVEN, Dunkirk

Mr. FREDERICK P. HALL, Jamestown

Mrs. GEORGE W. PATTERSON, Westfield

Hon. W. E. WHEELER, Portville

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT
CENSUS OF STATE HOSPITALS AND LICENSED PRIVATE ASYLUMS
FOR THE INSANE, OCTOBER 1, 1905

Utica	1,158	
Willard	2,295	
Hudson River.....	2,292	
Middletown	1,286	
Buffalo	1,701	
Binghamton	1,467	
St. Lawrence.....	1,722	
Rochester	1,225	
Long Island.....	1,073	
Kings Park.....	2,571	
Manhattan	4,393	
Central Islip.....	3,552	
Gowanda	785	
		<hr/> 25,520
Matteawan (Criminal insane).....	641	
Dannemora " "	262	
		<hr/> 903
25 Licensed Private Asylums		985
		<hr/>
Total		27,408
		<hr/> <hr/>

CENSUS OF INSTITUTIONS FOR THE INSANE, OCTOBER 1, 1904		
13 State Hospitals		25,019
2 State Hospitals for Criminal Insane.....		844
25 Licensed Private Asylums.....		998
		<hr/>
Total		26,861
		<hr/> <hr/>

COMPARISON OF FIGURES FOR 1904 AND 1905		
Increase in 13 State Hospitals.....		501
Increase in 2 State Hospitals for Criminal Insane.....		59
		<hr/>
		560
Decrease in 25 Licensed Private Asylums.....		13
		<hr/>
Total increase.....		547
		<hr/> <hr/>

THIRTEENTH ANNUAL REPORT
OF THE
State Charities Aid Association
TO THE
STATE COMMISSION IN LUNACY

NEW YORK, November 1, 1905

To the State Commission in Lunacy:

In accordance with chapter 635 of the Laws of 1893, and amendatory acts, the State Charities Aid Association herewith respectfully submits to your Honorable Commission its 13th annual report. The report contains, as usual, much matter which is not new to those to whom it is addressed, but which it seems to us desirable to include for the benefit of the larger number of readers who are not familiar with these matters.

The table on the opposite page shows the total number of insane persons in State hospitals and licensed private asylums, on October 1, 1905, to have been 27,408, an increase of 547 over the previous year. Of this total number, 25,520 patients were in the 13 State hospitals (not including Matteawan and Danemora), being 501 more than on October 1, 1904. This year's increase is smaller than that of any year since 1881, and also smaller than the average annual increase for the past 30 years. (See page 1109 of this report.)

The Association has lost many of its most efficient visitors to State hospitals during the past fiscal year. Six visitors, representing five State hospitals, have, much to our satisfaction, been appointed by the Governor as managers of the institutions which they formerly visited in our behalf. Through death, removal from the district of the State hospital, or resignation for other reasons, the Association has also lost a number of very

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

valuable members. To fill the 14 vacancies which occurred during the year only four new appointments have been made as yet, but it is hoped that during the coming year a larger number of new visitors will be added. The Association's legally appointed visitors to State hospitals now number 48. They have continued to do admirable work during the past year and have presented interesting annual reports, which appear on pages 1115 to 1138 of this publication. We do not endorse every recommendation made by our visitors, but we believe that the Commission and the public are entitled to know how these institutions impress representative men and women in their localities. In addition to the visits by the local volunteer visitors, visits have been made by the assistant secretary of the Association to the Buffalo, St. Lawrence, Manhattan and Gowanda State Hospitals.

RECENT LEGISLATION

In addition to the general appropriation and supply bills, the Legislature of 1905 had before it several important measures affecting the insane.

RE-ESTABLISHMENT OF BOARDS OF MANAGERS FOR STATE HOSPITALS

We are greatly pleased to be able to report the re-establishment of boards of managers for the State hospitals for the insane. The Association has always stood for the management of such institutions by such boards, and took the lead in opposing the changes made in the Insanity Law in 1902, which secured the abolition of these volunteer boards. We have always considered that it was essential to the best interests of the many thousands of peculiarly helpless and afflicted persons who constitute the State hospital population, that these great institutions should enlist the interest and services of philanthropic citizens as managers or trustees. In our opinion, the extremely centralized system of management by the State Commission in Lunacy, consisting of three salaried officials, responsible only to the Governor, contained elements of danger to the best welfare of this numerous and singularly helpless class of dependents. The illogical and unsafe theories of government on which was based the system of central administration with local supervision, which had replaced in this

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

State the generally accepted system of local administration with central supervision, was pointed out in our report for the fiscal year 1902, when the new system was established.

In our last year's report the desirability of so amending the law as to secure the assistance of boards of managers for the internal administration of State hospitals, while at the same time preserving the advantageous features of a centralized financial administration, was pointed out in some detail. At the time that this report was in preparation, the subject became a matter of widespread public interest through the general discussion of the probable effect on the plan of administering the State hospitals, that would be produced by the election of one or the other candidate for the office of Governor of the State. It was a matter of much gratification to the Association, therefore, when in the course of the gubernatorial campaign in 1904 both candidates for the office of Governor expressed themselves as heartily in favor of very substantial modifications of the then existing system of management.

The Democratic candidate, Hon. D.-Cady Herrick, speaking on this subject, expressed his disapproval of "the abolition of the unpaid individual boards of managers of the hospitals for the insane, composed of the State's best citizenship, and the centralization of their duties and powers in the hands of the State Commission in Lunacy, a commission composed of three paid officers directly subject to the Governor's will, which the constitution provides is to visit and inspect such hospitals." He continued as follows:

"While fully believing that the internal affairs of the State institutions should be managed, as are our great private charities, by individual boards of managers, composed of the best and most practical men and women who will consent to give the necessary time and service to the work, I am equally convinced that the purchases for these institutions should be made in such manner as to give the State the fullest possible benefit to be derived from approved business methods."

The Republican candidate for Governor, Hon. Frank W. Higgins, said: "I am in favor of reestablishing local boards of managers of the State hospitals for the insane, and of transferring from the State Commission in Lunacy to such local boards

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

all the administrative powers and responsibilities which they had when abolished, except those which are strictly financial.

* * * * *

“I would give the local boards power to say how the patients should be fed, how they should be clothed, how they should be cared for, and who should feed, and clothe and care for them.”

It became reasonably certain, therefore, that whichever party succeeded at the polls, some substantial revision of the Insanity Law was likely to be enacted.

In his first message to the Legislature, at the opening of the session of 1905, Governor Higgins referred to the subject again, as follows:

“The management of the State hospitals for the insane, fourteen in number, with a total number of patients on October 1, 1904, of 25,019, was completely centralized by legislation of 1902, abolishing the boards of managers of the various hospitals and leaving with the Commission in Lunacy complete jurisdiction, both as to financial control and internal administration. The advantages of centralized control of the financial operations of the hospitals are evident. It is of the utmost importance, however, that this great system of hospitals involving the expenditure of so large a sum of money annually and the care of so many thousands of peculiarly unfortunate and defenseless persons, should rest upon a broad basis of public interest and public confidence, and should obtain the cooperation of philanthropic citizens throughout the State. In my opinion this can best be secured by leaving the control of all financial matters, as at present, in the hands of the Commission, and by providing for each hospital a board of managers, in general charge, through the superintendent of the internal affairs of the hospital.”

At the request of the Governor, the secretary of the Association undertook the preparation of a bill which would carry into effect the suggestions contained in his message. A rough draft was prepared by the secretary and the assistant secretary, which was subsequently considered at length by the committee on the insane at two meetings. At a meeting of the board of managers of the Association, held January 13, 1905, an outline of suggested changes was submitted by the committee and received the approval of the board of managers, as follows:

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

1. Affecting the powers and duties of the State Commission in Lunacy.—Leave with the Commission the large financial powers vested in that body. Take from the Commission the general management, direction and control of the State hospitals; the power to appoint and remove superintendents and stewards; the power to transfer, with the approval of the Governor, any of the powers and duties of the superintendent to another officer, to be appointed by the Commission; the power to abolish the office of any resident officer or employee; the power to make by-laws, rules and regulations for the State hospitals. Give the Commission the power to prefer charges against the superintendent, and to be represented at the hearing of such charges when they are investigated by the board of managers. Require the Commission to visit each State hospital with the board of managers at least once each year, and to meet such board in consultation in regard to the needs of the institution.

2. Affecting the powers and duties of the boards of managers.—Abolish the boards of visitation and establish for each State hospital a board of managers of seven members, appointed and removable substantially as before they were abolished in 1902. Give each board of managers charge of the general interests of the hospital; authority to establish by-laws, rules and regulations; to appoint the superintendent, subject to the approval of the Commission; to transfer to the position the superintendent of another State hospital, with the consent of such superintendent and the approval of the Commission; to remove a superintendent for cause stated in writing, after an opportunity to be heard; to send a representative to the conferences of the superintendents with the Commission. Require each board of managers to maintain an effective inspection of the hospital for which it is appointed; to visit the hospital monthly by a majority of the board; to send a report of the visit to the Governor and to the Commission; to make annual reports to the Commission; to keep minutes of meetings, and to send copies thereof to each member of the board and to the Commission; to investigate charges against the superintendent, or other officers, or employees.

3. Affecting the powers and duties of the superintendent.—Give the superintendent authority to appoint the steward and to re-

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

move him for cause stated in writing after an opportunity to be heard. Require the superintendents to report annually to the boards of managers, and to meet at least quarterly upon the call of the Commission at the office of the Commission at Albany or elsewhere, to consult with the Commission with reference to matters relating to the State hospitals.

4. Affecting State hospitals in New York City and on Long Island.—Consolidate the Manhattan State Hospitals, East and West on Ward's Island, to form one institution, to be known as the Manhattan State Hospital, with one medical superintendent, one assistant medical superintendent, and two first assistant physicians, etc. Provide separate boards of managers for the Manhattan State Hospital at Central Islip and the Long Island State Hospital at Kings Park.

A bill, embodying these provisions, was drawn and laid before the Governor. After it had received his general approval, conferences were had, at his suggestion, with leading members of the Legislature and with the State Commission in Lunacy. Senators Raines, Malby, Armstrong, Allds, and others, and Speaker Nixon, Assemblymen Rogers, Fish, Wainwright, Prentice, and others, were consulted in regard to the provisions of the measure. Various suggestions were made by members of the Legislature concerning the provisions of the proposed bill. Several protracted conferences were held with members of the State Commission in Lunacy. Several amendments, desired by the Commission, to other features of the Insanity Law were embodied in the proposed bill. It was considered advisable to make certain concessions for the purpose of meeting, in part, the wishes of the State Commission in Lunacy, the Commission also assenting to various provisions which it had at first considered undesirable.

The bill was introduced in the Assembly by Hon. Robert J. Fish on February 9, 1905, and in the Senate by Hon. Jotham P. Allds, on February 20, 1905. It was reprinted several times for the purpose of incorporating various amendments, many of which related to matters of detail. The Fish bill was reported from committee on March 15th, and passed the Assembly on April 10th. Meanwhile, the Allds bill, in the Senate, had been amended in a slightly different form and reported from committee. The Senate bill passed the Senate on April 24th, and was concurred in by the

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

Assembly without reference. The provisions and effect of the bill, in the form in which it became law, chapter 490, Laws of 1905, was summarized by the secretary of this Association in an article in *Charities* of May 13, 1905, substantially as follows:

“The boards of visitors, established in 1902, are abolished, and a board of managers is provided for each hospital. Each board of managers is to consist of seven members, of whom two shall be women. The term of office, after the first appointment, is seven years, the term of one member of each board expiring each year. The managers are to be appointed by the Governor, with the advice and consent of the Senate, and are subject to removal by the Governor after being notified in writing and given an opportunity for a hearing.

“The law of 1902, giving the State Commission in Lunacy ‘management, direction and control of the State hospitals,’ is repealed, the Commission retaining a ‘general oversight’ over the State hospitals and the control of the property. The power to establish rules and regulations, vested in the Commission exclusively by the law of 1902, is to be exercised by the boards of managers collectively, subject to the approval of the Commission. The power possessed by the Commission, subject to the approval of the Governor, to transfer any of the powers and duties of a superintendent of a State hospital to another officer to be appointed by it, is abolished; and the power given the Commission in 1902 to transfer superintendents from one hospital to another is modified, so that such transfers can be made only when a vacancy occurs and with the approval of the boards of managers of both of the hospitals affected.

“The boards of managers have the ‘control and management’ of the State hospitals except as to the powers explicitly conferred by statute upon the Commission. They have ‘general direction and control of all the property and internal affairs’ of the State hospitals. They must investigate and determine the truth of charges made against the superintendent or any other officer or employee of a hospital. They are to meet monthly, and the superintendent is required to submit a report on all important phases of the hospital management and upon any other matters required by the board.

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

“The appointment of a superintendent, vested exclusively in the Commission by the law of 1902, will hereafter require the confirmation of the board of managers of the hospital for which the appointment is made. The superintendent, under the law of 1902 removable by the Commission, is removable by the board of managers for cause stated in writing and after an opportunity for a hearing, such action to be final when approved by the Commission. The board may suspend the superintendent pending the investigation and the final decision. The appointment and removal of the steward, who is the principal assistant of the superintendent in the business affairs of the hospital, taken from the superintendent in 1902 and vested in the Commission, is now vested again in the superintendent, but subject to the approval of the Commission.

“The superintendents of the State hospitals are required to meet on the call of the Commission at its office in Albany or elsewhere at least once in every three months, and each board of managers may send one of its members to such meetings. The per capita amount which may be expended in the construction of buildings for patients on the grounds of existing State hospitals is increased from \$450 to \$550. The two Manhattan State Hospitals, East and West, on Ward’s Island, formerly practically separate hospitals, are consolidated under the name of the Manhattan State Hospital. The qualifications required for the president of the Commission in Lunacy are restored to the form in which they stood for many years until changed four years ago, and require that he shall have had five years actual experience in the care and treatment of the insane and an experience in the management of institutions for the insane. Plans and specifications for the erection, repair or improvement of State hospital buildings, before adoption by the State Commission in Lunacy, must be submitted to the board of managers of the hospital affected, which may consider them for not less than fifteen nor more than sixty days, and submit a statement of the board’s opinions and suggestions in regard thereto. The final determination still rests with the Commission, subject to the approval of the Governor and the comptroller. The Commission is authorized to designate some one in its office to act as treasurer for all the State hospitals, but the payment of bills by this treasurer

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

must be upon the voucher of the steward, countersigned by the superintendent of the hospital for which they are incurred.

“Before 1902, the superintendent was authorized to appoint and remove all resident officers. Under the law passed three years ago the power to appoint and remove the steward was taken from the superintendent and vested in the Commission and the approval of the Commission was required for the removal of any other resident officer. Under the present law the authority to remove resident officers is restored to the superintendent, the approval of the Commission being required only in the case of the steward. An exception is made in the case of the four hospitals in or near New York city, in connection with which the position of purchasing steward, created by the Commission several years ago, is given statutory recognition, and the incumbent is made the resident steward of the Manhattan State Hospital. Being, as purchasing steward, appointed and removable by the Commission, he is, as resident steward in a somewhat different position from other stewards, and the arrangement does not seem to be a very logical or desirable one.

“In general, the new law greatly strengthens the position of the superintendent, both as to his control over his subordinates and in his relations to the Commission. The boards of managers are given actual control over internal affairs, questions of discipline, etc., and have concurrent authority with the Commission in the appointment and removal of superintendents and the framing of rules and regulations. The Commission retains complete financial control, which it has possessed, in fact, since the establishment of the estimate system in 1893. The new law will be criticized both by those who favor a completely centralized system such as New York has had during the past three years, and by those who favor a completely decentralized system such as New York had prior to the development of the powers of the Commission from 1889 to 1893, culminating in the adoption of the estimate system, giving the Commission authority over the expenditures. The present law does not confer large powers upon the boards of managers to be exercised by them exclusively, except as to strictly internal and nonfinancial matters. It does confer upon them very large and far-reaching

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

powers in checking any improper action by the central authority. The control over the internal affairs of the State hospitals by the boards of managers will amount to much or little, according to the attitude of the individual boards. The new system is substantially one of government by a Commission, subject to concurrence on all important matters by an independent, unsalaried, slowly changing board of managers. The State Charities Aid Association would have preferred that the removal of a superintendent by a board of managers should not require the approval of the Commission, and that the appointment or removal of a steward by a superintendent should not require the Commission's approval.

"The legislation of three years ago conferred many powers upon the State Commission in Lunacy, some of which have not up to this time been exercised, which were and are believed to be exceedingly dangerous. These powers are either eliminated or made subject to the concurrence of the boards of managers by the recent legislation, which may not unfairly be said to preserve the beneficial features of a centralized system, while at the same time removing its more serious dangers."

TRANSFERRING TO THE STATE THE PROPERTY OCCUPIED BY THE LONG ISLAND STATE HOSPITAL

Among the bills supported by this Association which became law was that providing for the transfer of the property occupied by the Long Island State Hospital at Flatbush to the State, and the reversion of the property occupied by the House of Refuge on Randall's Island to the city. (Chapter 133, Laws of 1905.)

The hospital property at Flatbush was held by the State on a yearly lease from the city for a period of time which expired October 1, 1905. When it became generally known that there was no legislative authority for the further extension of this lease many prominent citizens and medical societies in Brooklyn became interested in the subject and expressed themselves as in favor of the permanent maintenance of a State hospital in the borough of Brooklyn. At this time legislation was being secured for the selection of a country site for a State reformatory for boys to take children of the class now cared for by the Society

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for the Reformation of Juvenile Delinquents at the House of Refuge on Randall's Island, an institution controlled by the State but situated on land owned by the city. Largely through the efforts of Hon. Alexander E. Orr, president of the board of managers of that institution, and also president of the then existing board of visitors of the Long Island State Hospital, the co-operation of the State and city authorities was secured in effecting an exchange of the State's interest in the property on Randall's Island for the city's interest in the property at Flatbush occupied by the Long Island State Hospital, exclusive of the so-called annex. This will insure the continuance of the hospital, which, if contemplated improvements are made, will ultimately accommodate about one thousand patients in a neighborhood convenient of access to their friends and relatives.

AUTHORIZING THE STATE COMMISSION IN LUNACY TO VISIT CERTAIN
PRIVATE INSTITUTIONS

Another bill which was supported by the Association is now Chapter 497 of the Laws of 1905, which reads as follows:

"Any member of the Commission or the medical inspector may visit any sanitarium or other institution, wherein sick or infirm persons are received, cared for or treated, for compensation or hire, for the purpose of ascertaining whether insane persons are confined therein without authority, and contrary to the provisions of law. All persons having charge of, and connected with, any such sanitarium or institution shall permit any member of the Commission and the medical inspector to have free access to any portion thereof, and shall give such information and afford such facilities for inspection or inquiry, as the member of the Commission, or the medical inspector, making such visit and inspection, may require."

There is reason to believe that in some instances insane persons are forcibly detained in sanitariums which have not been licensed by the State Commission in Lunacy, and are not authorized to care for such cases. As State inspection and regulation of private institutions for the insane is the established policy of this State, and is a necessary safeguard for the interests of private patients, this amendment is a desirable addition to the powers of the Commission.

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APPROPRIATIONS AND EXPENDITURES

MAINTENANCE

For the first time in several years the State hospitals close their fiscal year without a deficiency. This gratifying result is due to several causes: first, the wisdom of the legislatures of 1904 and 1905 in making appropriations based on the actual cost of caring for the insane; second, the unusually high recovery rate, which was 26.97 per cent of the number of original admissions to State hospitals, the number of recoveries being 1,429 as against 1,303 last year; and third, the somewhat smaller number of persons becoming insane during the year, the number of original commitments being 5,346, as contrasted with 5,372 the preceding year. It is to be hoped that this fortunate combination of circumstances will continue to operate next year and for many years to come. But while we may reasonably look for adequate appropriations and for increases in the recovery rate, we can hardly expect that the rate of increase of the insane which has prevailed for 30 years has been permanently arrested because one year shows a decrease. Such decreases have occurred before, and have usually been followed by an increase in the following year, as will be seen by consulting the table on page 1109 of this report.

During the seven years preceding this fiscal year the average annual increase in the population of the State hospitals has been 717, and if this rate is not exceeded the average daily population for the fiscal year 1906 will be about 26,000, and for the fiscal year 1907, for which the Legislature of 1906 makes appropriations, about 26,700. If the per capita cost of maintenance of \$181.70 for the year 1905 is not exceeded, this number of patients will require an appropriation for maintenance of \$4,851,290. As there is likely, however, to be a greater increase in the number to be provided for, the appropriation for maintenance should be about \$5,000,000.

BUILDINGS AND IMPROVEMENTS

The overcrowding in the State hospitals is not so great this year as last year, largely owing to the completion and opening

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of the new buildings at Rochester, which accommodate 750 patients. Last year the census of the State hospitals showed an excess of more than 3,000 patients over the certified capacity. This year the excess is slightly less than 1,650, and buildings are already under way or planned for to provide for all of these patients. It is unfortunate that most of the new buildings should be at hospitals in the middle and western parts of the State, when the overcrowding is at hospitals in the southeastern part of the State, where practically nothing is being done to provide for the insane of the metropolitan district, for whom additional accommodations are so sorely needed.

Already the size of all the State hospitals, except Utica and Hudson River, which draw patients from the eastern counties, and the four hospitals which draw from the metropolitan district and its vicinity, is largely in excess of the insane population of their respective districts. Additional large increases are soon to be made at Middletown and Binghamton, which will still further aggravate this situation. The result of this is the great overcrowding of the hospitals in the southeastern part of the State, and the transfer of patients from New York city and vicinity to hospitals at a great distance, where the patients who have friends cannot be visited unless their friends are able and willing to take a long and expensive railroad journey. The four hospitals located on Ward's Island and Long Island, which take patients from New York city and Long Island have a total capacity of 10,255. The number of patients from the six counties in this section in these and other hospitals on October 1, 1905, was 12,585. It is certainly a question whether the insane of the metropolitan district, nearly one-half the total number in the State, should be sent all over the State to hospitals, the nearest of which are at Middletown and Poughkeepsie, which are respectively 66 and 75 miles from New York city, while all the others are from 200 to 500 miles away.

As little or no purchases of new land have been made in connection with the hospitals where new buildings are being established, the ratio of land to patients is becoming much less than it should be. It has been laid down as a general rule that an average of one-half an acre per patient is about the proper amount under ordinary conditions. With the additional

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buildings already constructed for hospitals which occupy State land (excluding the Manhattan State Hospital which occupies leased property), the ratio will be reduced to less than one-third of an acre per capita, as the average for all these institutions, while in some individual instances hospitals with a large census will have an almost inconsiderable acreage.

In six years the State's lease of the city's property on Ward's Island expires. It is already time that a definite plan should be made for accommodating the 4,500 patients who may be unhoused at that time, and it seems reasonable to ask that this provision should be made within 50 miles of the city from which the patients are to come. As we said last year, at least a million dollars should be provided with which to begin building a new hospital.

The following table shows the great excess of the capacity of the up-State hospitals over the number of the insane in their districts, and the great excess of the number of the insane in the southeastern part of the State over the capacity of the institutions which are supposed to provide for them:

STATE HOSPITAL	General population June 1, 1905	Insane population of district June 1, 1905	Capacity of institution October 1, 1905	Number of patients in hospital October 1, 1905
1 Utica.....	456,299	1,346	1,110	1,158
2 Willard*.....	416,820	1,256	2,322	2,295
3 Hudson River.....	740,048	2,672	2,035	2,292
4 Middletown.....	274,758	886	1,222	1,246
5 Buffalo.....	558,426	1,639	1,678	1,701
6 Binghamton.....	377,023	1,141	1,443	1,467
7 St. Lawrence.....	572,105	1,430	1,693	1,722
8 Rochester.....	311,628	950	1,303	1,225
9 Long Island.....	1,358,891	3,890	1,005	1,073
10 Manhattan†.....	2,457,172	8,118	3,244	4,393
11 Kings Park‡.....	151,130	277	2,420	2,571
12 Central Islip.....	198,241	300	3,586	3,552
13 Gowanda.....	194,131	461	812	785
Totals.....	8,066,672	24,366	23,873	25,520

1,066 patients had no assigned residence.

* Includes total for Orleans county.

† Includes total for Richmond county.

‡ Includes total for Suffolk county.

SUMMARY OF REQUIREMENTS

The expenses of the State Commission in Lunacy and the Pathological Institute are about \$100,000 per year. The total appropriation required for the year for which the Legislature

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of 1906 makes provision, according to the foregoing estimates, may be summarized as follows:

Expenses of State Commission in Lunacy and .

Pathological Institute	\$100,000 00
Maintenance for 27,000 patients for the fiscal year 1907, at \$182 per capita per year, or \$3.50 per week	4,914,000 00
Repairs to existing buildings, estimated at two per cent of value of property.....	450,000 00
Buildings at new State hospital.....	1,000,000 00
	<hr/>
	\$6,464,000 00
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REPORTS ON SPECIAL SUBJECTS

RECEPTION HOSPITAL FOR THE INSANE

The text of the statute (Chapter 760, Laws of 1904) authorizing the city and State of New York to cooperate in establishing a reception hospital for the insane, is given as appendix A of this report, see page 1139. In December, 1904, the State Commission in Lunacy addressed to the board of estimate and apportionment of the city of New York a communication offering its cooperation in the establishment of this institution. The matter was taken up by the board of estimate and apportionment at meetings held May 9, July 14 and September 29, 1905. At the first of these hearings this Association was represented by its president, Mr. George F. Canfield, and by Dr. Frederick Peterson, formerly president of the State Commission in Lunacy and now a member of the Association's committee on the insane. At this meeting a report of the appraiser of real estate, of the department of finance, was presented, giving information regarding various suitable sites acceptable to the State authorities which might be acquired by the city by purchase or otherwise for the proposed hospital. The matter was referred to the board of trustees of Bellevue and Allied Hospitals for information as to what saving, if any, would be effected to the city, by the establishment of such a hospital. At the July hearing a letter was presented from the president of the board of trustees of Bellevue and Allied Hospitals stating that on the general question of the

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advisability of establishing such a hospital in the city of New York the board was entirely in accord with the views presented by the advocates of the plan. In this communication the board gave the following estimate of the cost of maintaining the present service: "The cost of maintaining the psychopathic wards of Bellevue Hospital is about twenty-seven thousand dollars (\$27,000) per annum. Of this sum twelve thousand dollars (\$12,000) is expended for the clothing of patients committed to the State hospitals for the insane, about ten thousand dollars (\$10,000) for the salaries of medical officers and nurses, and the remainder for food and miscellaneous expenses." It was further stated that if the cost of commitment, including the expense of providing proper clothing, could be borne by the State as proposed by those interested in the new hospital "there should result a large reduction in the expense to the city, which may be conservatively estimated at from \$18,000 to \$20,000 per annum." At this hearing opposition developed to the selection of the most available of the sites under consideration, the residents and property owners in the neighborhood presenting a petition and employing counsel in an effort to prevent the selection of this site by the city. The matter was laid over temporarily by the board of estimate and apportionment. In September communications were forwarded to the board of estimate and apportionment from the United Hebrew Charities, Charity Organization Society, Society of St. Vincent de Paul, and others in support of the general proposition that a site be acquired by the city to be leased to the State for a nominal sum in order that the State may erect and maintain thereon a reception hospital for the insane. The matter was considered on September 29th, and in view of certain objections raised by property owners to the site most favorably considered, the matter was referred to the commissioner of public health for a report as to the suitability of the proposed site.

AFTER CARE OF THE INSANE

The State Charities Aid Association has for many years been interested in what is known as the "After care of the insane," and has hoped to be able to initiate some work of this nature for patients discharged recovered from State hospitals in this State.

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With this in view the Association amended its by-laws in 1896 to include among the duties of the committee on the insane the following: "To inaugurate and maintain, for convalescents leaving hospital, who may be friendless, a system of 'after-care,' whereby they may be strengthened in health, protected and cared for, until able to support themselves."

It is hoped that during the coming year it will be found possible to carry into practical operation some plan of assistance for those among the recovered insane who are in need of material relief or advice and counsel.

It seems discreditable to this country that no work of this nature should as yet have been developed, since it has been for many years an important part of the charity of European countries. It was first initiated more than 75 years ago, (in 1829), by Lindpainter, the director of the asylum at Eberbach, in the duchy of Nassau. In the year 1841 an After Care Association was founded in Paris by Dr. Falret for insane convalescents of the department of the Seine. In Switzerland there are nine aid societies of a similar nature, one for each canton, and there are several in Italy; while in England an association was organized in 1871 called the "Guild of Friends of the Infirm in Mind," among whose objects were securing positions for and maintaining friendly intercourse with discharged patients. The After Care Association of England does very important and far-reaching work for patients who are discharged recovered from English hospitals.

In this country the after care of the insane has been made the subject of discussion at many medical and charitable conferences, but so far without practical results. At the annual meeting of the American Medico-psychological Association in 1893, Dr. P. M. Wise, then superintendent of the St. Lawrence State Hospital, and more recently president of the State Commission in Lunacy, read a paper in which he urged the need of aid for recovered patients in the first weeks following their discharge. In 1894 the subject was brought to the attention of the American Neurological Association by Dr. Henry R. Stedman, who is superintendent of a private institution for the insane in Massachusetts, and at this meeting a committee consisting of Drs. Stedman, Charles L. Dana, of New York, and F. X. Dercum, of Philadelphia,

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was appointed to investigate and report to the Association upon some feasible plan for the aid and supervision of needy patients discharged recovered or improved from institutions for the insane. The report of this committee was submitted in 1897, and was strongly in favor of the establishment of after care work in this country. Dr. Richard Dewey, now of Wisconsin, formerly of the Kankakee Asylum of Illinois, presented papers on this subject in 1894 and 1905 at the National Conferences of Charities and Correction. Medical superintendents of State hospitals and prominent alienists in many parts of this country have expressed themselves as strongly in favor of the initiation of a movement for the after care of the insane. It now remains for some organization to carry into effect this widely expressed desire of those who are most familiar with the needs of this class of the wards of the State.

INSANE ALIENS

The number of insane aliens annually deported is rapidly increasing, largely owing to the fact that much more careful and adequate methods are employed for identifying the aliens and verifying their landing. From New York state alone there were deported for the fiscal year ending September 30, 1905, 299 aliens, as against 176 deported the previous fiscal year. These were persons who had landed, or had later become inmates of public institutions, or had otherwise come to the attention of the public authorities. During the calendar year 1905 there were 79 cases of insanity certified at Ellis Island among arriving immigrants, all of whom were deported. This is nearly four times the average per year for the previous five years. The number of cases of insanity deported from institutions for the insane in different parts of the country which are sent through the immigration service on Ellis Island is not easily obtainable, but is undoubtedly very large. Aliens deported from the New York State hospitals are usually sent directly to the ships from the institutions, but some of these and many from distant states are brought to Ellis Island to await the sailing of ships.

In our last year's report we spoke at some length of the present unsatisfactory methods of deporting insane aliens to the countries from which they came, and recommended that certain steps should

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be taken by the State hospitals, the State Commission in Lunacy, the United States Immigration Service and the steamship companies to provide more safe and humane methods in the disposition of such cases. After further study of the situation we feel convinced that the only way to secure satisfactory results is to return insane aliens to their homes, or other final destination in the country from which they came, in the company of a suitable attendant of the same sex, following the method of the State hospitals, when they deport, at the expense of the State, patients who have been in the country too long to be deported by the United States Immigration Service. As stated last year, this matter was first brought to the attention of the Association by Dr. E. C. Dent, superintendent of the Manhattan State Hospital, who, in his report for the year 1904, made the following statement:

“While perhaps, it is a matter that does not officially concern the hospital, I desire to state, that I have received several communications from the relatives of patients deported, who claim, up to four or six weeks after such deportation, they have been unable to find that they have arrived at their homes, and could obtain no trace of them. Any conditions which do not afford protection to the insane alien until she reaches her home, are indeed unfortunate, and it appears to me, that some steps should be taken by the proper authorities, toward remedying these matters. The steamship companies do not appear to hold themselves responsible beyond the port where the patient was originally received aboard their steamship.”

Similar complaints have been made by other physicians at other hospitals, and Dr. M. S. Gregory, the resident alienist at Bellevue Hospital, said recently: “We frequently get letters from the relatives and friends of patients who have been deported, approximately six this year, stating that they have never been heard from.”

The cases investigated by the Association seem to indicate that these complaints are amply justified. We repeat this year from our last year's report an account of the investigation of one of these cases to illustrate some of the defects of the present system.

“Case of M. S., a young woman, aged 29 years, a native of Finland, arrived in this country November 1, 1902. About a year and

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a half later she became insane and was committed to the Manhattan State Hospital, West, April 14, 1904, where she was visited the following week by her friends, the matron and missionary of the Immigrant Girls' Home. Hearing that the girl was to be deported, these friends offered to arrange for her deportation, hoping to find some woman returning to Finland who would take charge of her. Ten days after this, before the girl's friends had had time to move in the matter, they received a notice from the hospital that she was to be deported in three days. The names and addresses of the girl's relatives in Europe were not in the possession of the hospital nor of the steamship company which was to take charge of her, and how she was expected to reach her home the Association has been unable to discover. The friends of the girl, at the suggestion of the Association, procured these names and addresses, and gave them to the purser of the steamer on which she was to sail, and the Association took the precaution of sending the information to the home office of the steamship company in Glasgow, and of asking the officials there for some particulars regarding the method of transporting the patient from Glasgow to Finland. The following extract from the steamship company's reply shows the methods employed:

“ ‘Immediately on landing at the dock she was taken to a boarding house where she was properly taken charge of, being attended to by the women of that house. We are forwarding her to-night in charge of our shore interpreter to Hull, and he has instructions to see her safely on board the steamer for Helsingfors, which leaves Hull to-morrow. We have also addressed letters to the owners of the steamer, both in Hull and in Helsingfors, with a request to take some interest in the case, and to give the necessary instructions regarding treatment on board.’

“A letter received by the girl's friends in New York from the girl's sister in Finland says that no communication was ever received by the friends in Finland from the steamship company, or from any one except the New York friends. The sister writes that she spent three days going from place to place trying to get information regarding the whereabouts of the patient, and finally located her in the Helsingfors hospital for the insane, where she had presumably been sent by the steamship company. This was in July,—two months after the girl sailed from America.

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The latest letter received from the patient's sister came in October, and mentioned that she had been unable to find the trunk which was sent with the patient by the New York friends, and which contained all her possessions. The steamship company seems to have done nothing to see that the patient's property followed her to the hospital.

“The features of this case to which we would call attention are these: The failure of the hospital to co-operate with the friends of the patient in providing for her deportation, though no great haste was necessary, as the time in which she could be deported would not expire for six months; the failure of the authorities of this State to take any responsibility for the patient after she had been handed over to the steamship company, including a failure both on their part and on the part of the steamship company to notify the relatives in Europe, or even to ask her friends in this country to notify her relatives; the failure of the steamship company to make any effort to secure the names and addresses of the girl's family or to make any use of them when furnished by others; the lack of proper care and protection shown in sending an insane person to a boarding house instead of to a hospital, and in forwarding her by night, in the company of a male attendant, on a long railroad journey. It would be interesting to know how this girl fared from the time she left Glasgow in May until her friends found her in July and how she would have fared if her friends in this country and this Association had not actively interested themselves in her case.”

Of course, this young woman was treated with more than usual consideration, but it is impossible to give a complete account of a more typical case because such cases are the ones that cannot be traced. For instance, during the past year there have come to the attention of the Association the cases of two Italian young men, both of which would be interesting if we knew their whole story. One of these was deported in March, 1905. The friends in this country who are in correspondence with the patient's relatives in Italy have reported up to the end of the year, 1905, that the patient has not yet reached home, that his relatives are anxiously searching for him, and that nothing has yet been learned of his whereabouts, or what has become of him. Another young Italian who was deported in July, 1905, appears to have disappeared in the same

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mysterious way. The patient's friends in this country who are in correspondence with the patient's mother in Italy, wrote in September that the patient had not yet reached home. Such results are naturally to be expected from the present methods employed by the steamship companies. It appears to be the custom for the officers of the steamships on which insane aliens are deported to allow them to land with other passengers if they are able bodied, and to go where they please. It is hardly to be expected that an insane person thus set free and left to his own devices, frequently in a strange country whose people speak a strange tongue, and usually entirely without money, should safely make his way to his own home. If a deported alien is not able bodied he is turned over to the police, and may be transferred to a suitable institution if the police happen to see the desirability of such a course. Patients landed in Great Britain who came originally from the continent of Europe are, however, turned over to the consuls of the country from which they came, or if able to travel are sent as passengers to some continental port, regardless of the particular part of Europe from which they came, and are landed at this port and left to make their own way. The inhumanity of such a method of treating the mentally diseased and helpless is sufficiently obvious.

The present course taken by the United States government in deporting insane aliens who have been in this country for some time is characterized by unnecessary harshness and even injustice. The purpose of deportation is to save this country the expense of maintaining a dependent person. The great majority of the aliens who are deported are persons who entered the country in perfectly good faith, with the intention and desire of earning a living, and in the vigor of youth, the average age of those deported being thirty years. It is not altogether their own fault that such aliens find themselves surrounded by economic and social conditions so unfavorable to their mental and physical health that they break down under the strain of competing with those who are better adapted to the conditions of life in this country. The person who, in the language of the law becomes a public charge "from causes existing prior to landing" is frequently a person who, under normal conditions, would have remained sane and well, but whose

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constitution was not equal to the strain and stress of adaptation to a new and difficult environment. If we are to deport these persons to save money to our country, doing this in most cases against the wishes of the patients and the patients' friends, we should at least safeguard the unfortunate aliens in the process of deportation, and not inflict upon them through the carelessness of our methods an injury greater than that they have already suffered. To deport insane persons under conditions which do not assure their safe arrival in the country from which they originally came, but which, on the other hand, are extremely likely to result in their disappearance on the way, is an undeserved and excessive punishment for misfortune; to subject the relatives and friends of these patients in both this country and the countries from which the patients came, to months and perhaps years of anxiety and suspense is unworthy of a civilized government. Even if a better and more humane method of deportation involves additional expenditure of money, this expense should be considered to be outweighed in importance by considerations of humanity. To save the lives of these people; to prevent, if possible, acute and curable cases from becoming hopeless chronic cases of insanity; to surround the mentally sick with safeguards as adequate to their needs as those which civilization everywhere demands for the physically sick; to save the sane and guiltless relatives and friends of such patients the agony of suspense, which many now endure—surely to secure such results is worth the expenditure of the few thousand dollars a year which it is likely to cost.

It is evident that to improve conditions under the present methods of deportation would require the co-operation of the State hospitals, the State Commission in Lunacy, the United States Immigration Service, the steamship companies, and the individuals or institutions to which the patients are delivered at the port of their original departure. So difficult and complicated a method of reform seems impracticable, and we are of the opinion that the only satisfactory method would be to send with the patient or patients a suitable attendant with full instructions regarding the care and treatment of the patients, the names and addresses of their relatives and friends, from whom such an attendant should require a receipt on the delivery of a patient into their hands. The Association hopes to interest the Department of Commerce

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and Labor in this matter, and to help to secure the necessary amendment to the immigration law, making such a course mandatory. Until such an amendment is secured we would recommend that the Department of Commerce and Labor should take such action as is within its power to remedy the evils of the present system.

Among the methods of deportation which require improvement, is the selection of a proper time for deportation from the point of view of the welfare of the patient deported. It is now customary when the immigrant becomes insane on the voyage to this country to return him to the country from which he came on the steamer on which he came over. As such cases are frequently young people suffering from a first attack, who on arrival are in the first stages of the disease, which is frequently of an acute and recoverable character, the subjection of such patients to the strain of another ocean voyage at this stage of the disease is very likely to make the case a chronic and incurable one. There seems to be no reason why persons suffering from acute attacks of mental or nervous diseases should not be allowed to remain in this country until fit for the return voyage, as is the custom in the case of immigrants afflicted with ordinary physical ailments, and ordered deported. Not only are aliens becoming insane on the voyage over returned by the same steamer, but they are ordinarily not even removed from the steamer for treatment, but remain on board throughout the noise and confusion of loading and unloading, with no attendance except such as a busy steward or stewardess can furnish. Of course, no curative treatment of any sort is provided, and the patient is treated rather more as a prisoner than as a hospital case. It would seem that the least that could be done for such cases would be to remove them to some hospital, as is customary in the case of immigrants suffering from diseases other than those of a mental and nervous nature. Unfortunately Ellis Island is not now equipped to care for such cases, and is as yet unable to provide suitable care for patients of this class who are now sent there.

In the course of its investigations the Association has made some inquiry into the methods pursued by the Immigration Serv-

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ice on Ellis Island in connection with the temporary care of insane aliens awaiting deportation. The Association was surprised and shocked to find that there are no facilities at present for affording proper care for such patients. It should be explained at the outset that Ellis Island is administered by the Immigration Service of the Department of Commerce and Labor, and that for the medical inspection and care of immigrants, surgeons of the United States Public Health and Marine Hospital Service are detailed for duty at Ellis Island. The surgeons of this service are directly responsible to the surgeon-general, not to the Immigration Service, and they undertake only the duties which are assigned to them by the immigration law. The treatment of all cases of physical disease is placed entirely in the jurisdiction of the Marine Hospital Service. Unfortunately cases of mental disease and defect are not usually included, except in the inspection of arriving aliens. Immigrants certified for mental diseases or defects, after inspection by the surgeons, are not usually referred to the medical service for care and treatment, and cases brought to Ellis Island for deportation may never come to the attention of the medical officers. It is perhaps in large measure due to this fundamentally defective classification of the insane with the well, rather than with the sick, that the methods involve detention rather than treatment, and result unsatisfactorily. The following report on the subject made by a visitor familiar with modern methods of caring for the insane who was asked to inquire into the methods employed on Ellis Island will give a general idea of the situation.

“ I beg to state that I have visited Ellis Island, and my observations lead me to believe that considerable improvement might be made there in the methods of caring for insane persons. I was surprised to find that insane persons were apparently kept in the rooms with presumably well immigrants, and that the doctor had not been consulted in regard to placing a case in a padded cell. Inquiry, however, brought out that what I had observed was in accordance with the usual methods.

“ Several hundred insane persons must every year pass through the hands of the Ellis Island authorities, many of whom must be in need of hospital care. There is a good general hospital on the island, and every effort is made, I believe, to give all classes of

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sick cases, except the insane, such attention as their condition requires. For the insane, however, there is no properly constructed ward or pavilion, no trained attendants and nurses, no provision for medical supervision and care. So far as I could learn they commingle with the other detained immigrants, and if they disturb the peace or prove troublesome in any way they are taken in hand by the guards and secured in a strong room. The methods of the immigration authorities are, it seems to me, not unlike those with which the members of the State Charities Aid Association became familiar as a result of investigations in various parts of the State previous to the passage of the State Care Act. Ellis Island is, of course, under the jurisdiction of the United States Government. It is, however, within the border of our own State, and it seems as though we ought to have a right to exercise an influence in improving conditions there.

“The care of the insane is such a very special work that I presume the immigration authorities are unable to appreciate how the conditions on Ellis Island appear to an experienced observer, or just what the needs are. I think, however, there can be no question whatever that there should be a small ward or pavilion in connection with the general hospital on the island where insane persons arriving on the ships or sent to the island for deportation could be given the care and treatment required by their condition. This ward or pavilion should be similar to the Bellevue psychopathic ward or pavilion F at Albany, and should be well equipped and in charge of a specially trained physician with trained nurses and attendants. With such accommodations immigrants suspected of being insane could be cared for also, and many more cases would undoubtedly be detected. The present method for detecting these cases seems to be crude and inadequate.”

The following facts summarize the conditions found to exist at the present time.

1. No provision is made for hospital care for cases of insanity, though such care is provided for all other forms of disease.
2. Persons discovered to be insane during the ocean voyage or on arrival are left on board while the vessel is in port and deported on the same ship. Cases of other diseases, even if deportable, are invariably removed for treatment.
3. Cases of insanity discovered among immigrants on Ellis Island, or received there for deportation, are placed among the

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presumably well, and are given no special attention unless they prove troublesome, in which case they are put in restraint by the custodians without consultation with a physician.

4. For detection of insanity among immigrants the methods employed are crude and inadequate, the immigrants being scrutinized by physicians as they pass in single file. There are no facilities for long detention or careful observation to determine mental diseases or defects.

The two measures which are needed to remedy these conditions, and which are nearly equal in importance, are, first, the recognition by the lay officials, of the principle that insanity is a disease and the care of those afflicted a matter for physicians, and, second, the provision of facilities which will enable the medical officers to accept this responsibility.

What is needed for the detection of insanity and the proper care of the insane on Ellis Island may be summarized as follows:

1. A suitable ward or pavilion constructed and equipped in accordance with modern scientific methods in connection with the general hospital.

2. The assignment to this service of a physician, and a sufficient number of nurses especially trained and experienced in the care of the insane.

3. The temporary detention in this ward or pavilion of all insane persons discovered on arriving ships or among immigrants on Ellis Island, and of all persons suspected of being insane and who should be under observation to determine their mental condition.

We are informed that the Immigration Service contemplates the provision of a special pavilion for the accommodation and care of insane aliens, and of cases under observation to determine their mental condition. We would recommend the construction of a two story pavilion like the psychopathic ward at Bellevue, or pavilion F, at the Albany Hospital.*

Such a pavilion should be put in charge of a physician and a sufficient number of nurses experienced in the care and treatment of cases of insanity. Pending the construction of such a pavilion either a temporary ward should be provided where such cases can be separated from the sane aliens and be under the care of such a physician and nurses as are required for the pavilion, or

* It is understood that since the date of this report an appropriation has been secured for a suitable pavilion, and that plans are being drawn.

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else some hospital in the city of New York should be employed to care for such patients on the plan of contract successfully operated in connection with some other classes of sick immigrants.

It should be emphasized in this connection that the failure of the federal authorities to do this work efficiently up to the present time is not due to any lack of equipment for such work, but altogether to a failure, until recently, to appreciate the need of such work. The medical officers of the Public Health and Marine Hospital Service, who are detailed for duty at the different ports of entry, are entirely capable of performing these duties, if assigned to them. Among these officers are men who have had experience as physicians in public institutions for the insane, and more could be employed as acting assistant surgeons with compensation which would attract qualified men from the State hospitals. As the United States government has assumed the duty of protecting the country against unsuitable and undesirable immigration it would seem as if it should do this work with a thoroughness which would protect all the States of the Union, and would leave little to be done along these lines by the State governments. The state of New York is certainly among the chief sufferers from the effects of undesirable immigration, and its interest in this matter: owing to the fact that it includes the greatest port of entry and has in its institutions the greatest number of defective, delinquent and dependent aliens is perhaps greater than that of any other State in the Union. It seems proper therefore for those interested in the insane in this State to bring this matter to the attention of the authorities of the National government, and to urge the need of better methods in connection with the detection of insanity, the care of detained cases and the deportation of insane aliens.

TRANSFER OF PATIENTS

Owing to the disproportion between the relative size of the various State hospitals and the number of the insane of their respective districts it is frequently necessary, in order to avoid overcrowding at certain hospitals, to transfer considerable numbers of patients from one State hospital to another. Patients selected for transfer to a hospital at a greater distance from their homes are likely to be those who are without friends, or are seldom visited by their friends. Such patients are very likely to be chronic cases who have remained in the institution

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for many years, and whose friends, have lost interest in them as the prospect of their recovery has seemed to diminish. A medical superintendent is naturally unwilling to part with interesting and hopeful cases, and if the selection of patients for transfer is left entirely to the authorities of the hospital from which the transfers are to be made, a considerable number of patients of a troublesome or uninteresting nature are likely to be included; in fact the selection is likely to be made on the basis of what patients the hospital is most anxious to get rid of, rather than what patients will be most benefited by a change of life and scene.

It would seem as if the transfer of patients from one hospital to another offers a very valuable opportunity for interesting experiments as to the effect on a fairly hopeful case of such a change. The monotony of institution life is not sufficiently appreciated. Anything that breaks this monotony is likely to result in the improvement of the patients affected. Superintendents often remark on the improvement in a patient's condition that results from transfer from one building to another in the same institution, and some hospitals have adopted a system of sending patients for short visits to other and different parts of the hospital, especially if they have farm colonies, or recreation cottages. In the same way and to a great extent the transfer of patients from one hospital to another is likely to result in benefit in many cases. Certain hospitals are well equipped to care for patients who will be benefited by out-door work on a farm, others have their indoor industries well developed, some are situated on or near the sea, others on or near the great or smaller lakes, others on the banks of great rivers, some are in or near large cities, others in the country far from any considerable town. In variety of location and climate and surroundings, as well as of internal administration, our thirteen State hospitals offer great opportunities for differences in methods of care and treatment adapted to the individual needs of patients suffering from different kinds of mental or physical disease. It would seem as if greater advantage should be taken of this opportunity to transmute the agency of transfers into one of the curative and ameliorative agencies in the care and treatment of the insane.

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In our opinion the authority possessed by the Commission in connection with the selection of patients for transfer from one hospital to another might well be more frequently and more completely exercised by the medical member or the medical inspector, officers who know all institutions equally well and understand the special advantages offered by each. Their interest is in the welfare of all the insane and, being both disinterested and fully informed, they are best qualified to take all things into consideration and after making a study of the case to decide where an individual patient would be most benefited.

OVERCROWDING IN STATE HOSPITALS

The law requires that the State Commission in Lunacy shall determine the capacity of each of the State hospitals. The capacity of all 13 State hospitals, according to the latest figures furnished by the Commission, amounts to 23,873. The census on October 1, 1905, was 25,520. This is an excess of 1,647 patients, or an overcrowding which amounts to 6.89 per cent. of the proper capacity of the entire State hospital system. The burden of this overcrowding should in fairness be distributed somewhat more evenly among the different hospitals.

The present inequalities in this respect will be seen by the following table, showing the percentage of overcrowding as compared with the capacity at each of the State hospitals:

Utica	4.32	per cent
Willard		"
Hudson River	12.62	"
Middletown	5.23	"
Buffalo	1.37	"
Binghamton	1.66	"
St. Lawrence	1.71	"
Rochester		"
Kings Park	6.23	"
Long Island	6.76	"
Manhattan	35.41	"
Central Islip		"
Gowanda		"
		<hr/>
All State Hospitals	6.89	per cent

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Four State hospitals are certified as having a larger capacity than their census, while at the other nine hospitals, the excess of census over capacity varies from less than 2 per cent at Buffalo, Binghamton and St. Lawrence to over 35 per cent, at Manhattan. For the great overcrowding at the Manhattan State Hospital on Ward's Island there is little prospect of relief, and we desire to repeat our recommendation of the past two years that some steps should be taken to transfer a part of this excess population to other hospitals until such time as additional accommodations are provided in this part of the State.

The increase in the insane has fortunately been much smaller during the past year than in previous years, but sporadic rises and falls in the rate of increase of the insane are of frequent occurrence, and do not necessarily indicate a change that will persist.

It is interesting to note that a similar decrease has been apparent in Massachusetts, where a recognized authority on the subject says:

"For several reasons, some accidental, others the net result of better administration and greater attention to individual cases the annual increase in the number of insane at the end of the year is less than two-thirds what it has been in most recent years."

The following table showing the annual increase of the committed insane and the census of all institutions for the insane, both public and private, for the past 32 years, gives some idea of the rate at which the insane are accumulating.

Annual Increase in Number of Committed Insane

(See 15th annual report of State Commissioner in Lunacy, p. 98, and reports of State Commission in Lunacy.)

Year	Annual increase	Committed insane
1874	276	6,279
1875	696	6,975
1876	145	7,120
1877	480	7,600
1878	512	8,112
1879	903	9,015

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Year	Annual increase	Committed insane
1880	522	9,537
1881	520	10,057
1882	648	10,705
1883	638	11,343
1884	888	12,231
1885	617	12,848
1886	762	13,610
1887	611	14,221
1888	693	14,914
1889	593	15,507
1890	495	16,002
1891	646	16,648
1892	754	17,402
1893	949	18,351
1894	737	19,088
1895	1,128	20,216
1896	653	20,869
1897	814	21,683
1898	703	22,386
1899	637	23,023
1900	755	23,778
1901	576	24,354
1902	639	24,993
1903	941	25,934
1904	927	26,861
1905	547	27,408

The following table shows the ratio of the number of the committed insane to the population at several periods during the past 30 years:

Year	Population of State	Number of insane	Ratio of committed insane to population
1875	4,698,958	6,975	673
1880	5,082,871	9,537	532
1890	5,997,853	16,002	374
1900	7,268,012	23,778	305
1905	8,066,672	27,408	294

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If we would gain a correct idea of the actual rate of increase of insanity we should not consider merely the total number of the insane who may have accumulated in institutions at any one time, but should give more attention to a comparison of the number of original commitments in different years. Some of the conditions which have led to the large accumulations of the insane in institutions are the following: (1st), The good care now furnished arrests the progress of disease, protects the insane from exposure, improves their physical and mental health, and so lengthens their life that large numbers who, under less humane conditions would die, are long kept alive. (2nd), The good reputation of the institutions for the insane and the public confidence in their work results in the commitment of many cases of insanity which, under less favorable conditions, would be kept at home. This is particularly true of aged persons who could safely be cared for at home, and who would be so cared for if their relatives did not feel that they would be better off in institutions. (3rd), The general progress of medical science protects the community from the ravages of disease, gradually lowers the death rate, and keeps alive many persons of weak constitution who, in former years, would have died in childhood.

LOCATION OF NEW STATE HOSPITAL

The site for the new State hospital authorized by the Legislature of 1903, was selected by the State Commission in Lunacy, with the approval of Governor Odell, in December, 1904. The land selected is the property at Comstocks, Washington county, formerly owned by ex-Railroad Commissioner I. V. Baker. Considerable dissatisfaction was expressed when the purchase of this farm by the State was announced in January, 1905, and a resolution was introduced in the Legislature providing for an investigation of the purchase.

As a result of this resolution the reports of the experts employed by the Commission to examine the various sites under consideration were made public. It appears that in the summer of 1903, when Dr. Frederick Peterson was president of the Commission, four superintendents of State hospitals -- Drs. Charles G. Wagner of Binghamton, W. A. Hurd of Buffalo,

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Charles W. Pilgrim of Hudson River, and George A. Smith of Central Islip — representing institutions of from 1,500 to 3,800 patients, were requested to make a careful examination of seven sites in Washington county, situated at Greenwich, Cambridge, Shushan, Comstocks, Granville, Salem and Whitehall. The superintendents all favored either the Cambridge or the Greenwich site, and in their summary of recommendations, either ignored or condemned the Comstocks site. During the same summer a Philadelphia engineer, J. M. Whitham, went over four of the sites and reported unfavorably on the Comstocks site. Dr. Frederick Peterson, president of the Commission, was also opposed to the selection of the Comstocks site. A year later, in August, 1904, three experts examined the Comstocks site only. These examinations were made by Henri Dickinson, a civil engineer, C. W. Parsons, the chief engineer of the Hudson River Water Power Company, and Dr. Carlos Macdonald, ex-president of the State Commission in Lunacy. The engineers reported only on such matters as water supply, sewage disposal facilities, etc., which they found adequate if certain conditions were fulfilled. Dr. Macdonald reported on other features of the site, and recommended it. In March, 1905, C. C. Vermeule, consulting engineer, examined the property and reported favorably upon the water supply, as being ample in quantity and pure in quality.

We desire to express our regret that the proposed hospital should be situated at so great a distance from the large cities of Albany and Troy, to meet whose needs this new hospital was especially designed. It has always been considered a hardship that the patients from Albany and Troy, and their friends, were obliged to travel 69 and 75 miles to reach the Hudson River State Hospital, at Poughkeepsie. Comstocks, situated in the northern part of Washington county, repeats the same undesirable conditions, being 71 miles from Albany and 63 miles from Troy. As no expenditures for buildings and improvements have yet been made, we would respectfully suggest that the Comstocks site be disposed of by the State in favor of another site near Albany and Troy, preferably to the south of these cities.

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MEDICAL INSPECTION

The appointment by the Commission of a medical inspector to assist the medical member in the performance of the too arduous and exacting duties laid upon that member has proved as valuable an addition to the Commission's force as was anticipated two years ago. As might have been expected, however, one medical inspector is inadequate for the performance of the many important and varied duties of the office. In our opinion, a department of medical inspection should be established with several inspectors appointed, and assigned perhaps to different parts of the State. Our views on this subject were expressed in our report for the year 1903, from which we quote the following paragraph:

“The need of such assistance as this for the medical member of the Commission will perhaps be appreciated when it is remembered that each of the other members of the Commission has what is practically a large corps of assistants. In the business management of the State hospitals, which is the particular interest of the business member, this member's work is supplemented by the entire clerical force at the Albany office of the Commission, while the work of the legal member is supplemented, if not largely supplanted, by the 11 State hospital attorneys, who are appointed by the Commission to attend to the legal business of the institutions with which they are connected. The medical member of the Commission, however, has had no assistance for the general medical supervision of the institutions, for whose scientific work he is held in considerable measure responsible. In this connection it should be remembered that the state of New York has a smaller representation of the medical profession on its State Commission in Lunacy than is customary elsewhere. The only other States which have boards or commissions devoting themselves exclusively to institutions for the insane are the States of Maryland and Massachusetts. In Maryland the four members of the Lunacy Commission and the secretary are all physicians. In Massachusetts two of the four members of the State Board of Insanity are physicians, as are also the executive officer and the deputy executive officer. Where medical men form a large proportion of the personnel of the State Commission there is less danger that the scientific care of the patients

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will be subordinated to business interests than where the proportion of medical men is reduced to a minimum. As the medical work of the institutions for the insane is by far the most important part of their work, the introduction of a medical inspector into the office of the Commission is certainly to be welcomed."

The medical inspector seems to us not only overworked, but under-paid for the important service which he performs, and we recommend that the salary of the position be raised to \$5,000, the amount originally intended. It seems to us unjust and undignified that a man of the high professional ability required should be rated so low, and paid an annual salary which is \$500 less than that of the Commission's Secretary or auditor and \$1,500 less than that of the purchasing steward, or the chief examiner of the board of alienists.

In conclusion, the board of managers, in behalf of the State Charities Aid Association, desires to express to your honorable Commission, and to the medical superintendents of the State hospitals, its sincere thanks for the kind response to requests for information, for the courtesy with which all suggestions have been considered, and for the readiness with which the co-operation of the Association has been welcomed in its endeavor to promote the welfare of the dependent insane of the State of New York.

For the board of managers,

GEORGE F. CANFIELD

President

HOMER FOLKS

Secretary

MARY VIDA CLARK

Assistant Secretary

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REPORTS OF VISITORS TO STATE HOSPITALS

UTICA STATE HOSPITAL

The committee appointed by the court* to examine the State Hospital in Utica, N. Y., would respectfully report that on the 9th day of November, 1905, they inspected the hospital, and they are glad to report that there has been improvement in the dietary of the patients, and the general appearance of the hospital shows good housekeeping, and the patients themselves seem to be well cared for. The criticism which seems most pertinent is that there are too many people stored under one roof, and that the space given to sleeping rooms is entirely inadequate. No general hospital caring for ordinary sicknesses as they may occur in the community would think it possible to put ten people in a small dormitory, which requires that the beds almost touch each other, in order to accommodate that number. All physicians know that in the conditions of nervous diseases, and especially of insanity, the bodily secretions are perverted, and that the skin, the kidneys and the bowels have much to do, either as the result or as the cause of the affection; and they fully realize that the hygiene of the patients is one of the most important elements in the treatment.

It is probably true that the hospitals are overcrowded, and it is equally true that those patients who are obliged to lie up under the care of certain hospitals and their physicians, are entitled to the ordinary advantages, which good hygiene at least will afford. If these persons selected their hospital or were able to procure a private hospital for their care, then the responsibility of selecting such a hospital would depend upon the friends of the patient. In insanity, however, such is not the case, excepting where it occurs in families having plenty of money and who thus can select their hospital accommodations.

The effort to relieve this congestion of this hospital seems to have been to utilize the living rooms and make them over into small wards. Even when this is done it is but a makeshift, and

* Visitors to State hospitals are appointed by justices of the supreme court upon nomination of the State Charities Aid Association.

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the conversion of the old building into new uses. The recommendations which have been made by the board of trustees and your committee for several years past have been, that a new building be constructed for the treatment of acute cases, so as to relieve this congestion, and at the same time give the best possible chances for the acute cases to recover.

On inquiry, we find that the Legislature last year failed to appropriate enough for the construction of two new buildings of the kind which were suggested, and, therefore, nothing has been done toward the relief of the hospital in caring for the acute cases; and that the work is now going on for the purpose of storing old cases.

Your committee considers that there is an insufficient assignment of cubic air in several of the wards, nor does its opinion change because the ratio of patients to estimated room proper, shows at Utica a somewhat better figure than it does in other State asylums. It is inadequate here, and if it is worse elsewhere we are sorry. The new buildings for the superintendent and staff may give a little relief for a while; but waiving all questions as to the expediency of their erection, we venture to urge that neither this nor any other thing should postpone the devising and building of the separate accommodation for acute cases. * * * *

W. E. FORD

M. WOOLSEY STRYKER

WILLARD STATE HOSPITAL

Prosperous and effective work has in general marked the year at Willard. There has been remarkable immunity from epidemic disease of any character. The financial outcome of a low rate for maintenance gives proof of a careful administration, while there has also been wise provision of a good and generous dietary, such as might go far toward amelioration of mental disorder in many of the patients. The condition of the farm property and stock gives evidence of thorough and economical thrift in the management of this magnificent domain of the State.

It is gratifying to note that the Lunacy Commission has carried into effect a large number of the improvements and betterments brought to notice in the last year's report of your board

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of visitors, not the least of these being the home provided for the nurses, the correction of the apparatus for cold air supply in the Chapin house, and the displacement by modern and sanitary systems of the worn-out plumbing in several of the buildings. There is soon to be erected a building for cold storage and manufacture of ice, thus assuring that this latter (an article of necessity) shall no longer be gathered from the waters of surface streams, bearing into ponds the polluting elements that have made it a menace to the health of the hospital population.

But there remains another improvement, now for many years delayed, which, in our opinion, imperatively calls for immediate execution, that is, a separate building devoted exclusively to the housing of tuberculous patients. For some years past these have been segregated in tents during seven or eight months, and then upon the approach of severe cold weather, they had to be taken into the regular wards, nearly filled as each building already was with their regular inmates, where infection must unavoidably proceed. Rules applicable to and enforceable upon the sane and intelligent utterly fail here. It is sufficient to refer to one disgusting peril to which the healthy inmates are always exposed. The "sputa" of the tuberculous is continually a source of danger to those in sound health, and it is beyond the power of the attendants so to regulate their habits as to prevent communication of the disease in this way. In this view, it seems almost if not quite a crime thus to expose any human beings in sound health so that they shall be doomed to take on a fatal disease; this call for a continuous segregation is imperative, and the great state of New York cannot afford to ignore or neglect it; for crime is crime, whether committed by the State or by a citizen. No question as to the restriction of the budget to a certain sum ought to weigh for an instant against the demand that any human life, whether in a hospital or out of it, shall be jealously and continually guarded from preventible disease.

MRS. ARTHUR E. VALOIS

JOHN L. MORRIS

MARVIN OLCOTT

JOHN H. OSBORNE

ALANSON B. HOUGHTON

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HUDSON RIVER STATE HOSPITAL

The population of the hospital when visited on December 15, 1905, was approximately the same as on October 1, 1905, when the total number of patients in the hospital was 2,292, of whom 1,100 were men and 1,192 women.

Of the recent additions to the hospital the house for the superintendent, Dr. Pilgrim, situated to the southwest of the main group of buildings of the hospital, is about ready for occupancy, and the superintendent expects to take possession during the month of January, 1906.

The old Ziegler house, to the southward of the superintendent's house, has been remodelled as a staff house, wherein four or five of the physicians from the main group, together with the steward, will be housed. Though the staff house will be situated some little distance from the hospital, it will in no wise injure the efficiency of the medical service at the main group of buildings, as at least four or five physicians will remain in the group buildings, where they will live in a portion of the rooms about to be vacated by Dr. Pilgrim. These rooms are cut off entirely from the wards and offices, so that the physicians who occupy them will be approximately as well off as though they lived in the buildings outside of the main group. The staff house should prove of great benefit to the physicians who occupy it, affording them a place of change and rest from the constant work on the wards.

The new bakery in the rear of the main group is now in use, and has for some time been working very satisfactorily. The front part of the bakery is used as an employees' building, and furnishes admirable living quarters for a number of employees of the hospital who were heretofore housed in the unsanitary basement rooms of the main group, which was the cause of much sickness among them.

The filter beds on the bank of the Hudson have been in use since about August 1st, and frequent analyses prove that the filters are doing good work, and that the filtered water is perfectly wholesome without boiling. This is undoubtedly one of the greatest improvements at the hospital in many years, for, since the installation of the filter beds, not only have there been no

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intestinal troubles, but there has been a general improvement in the health of both the patients and the employees. The filter beds were built on the same plan and under the supervision of the same engineer as those used by the city of Albany, N. Y., which have been most successfully operated for a number of years.

At the central group a building is being erected to accommodate 80 infirm tuberculous cases. This building is now under cover and will doubtless be finished during the winter. Heretofore there has been an insufficiency of room for infirm men, but the new building will make ample provisions for this.

Two large sun rooms are being added to cottages 4 and 5, to give the patients therein constant air and sunlight. These will be of the utmost advantage mentally and physically to the patients affected.

The amusement hall at the main group, which has long been needed, is now well under way. The walls are up and the whole should be finished early in the spring. The old amusement hall is to be used as a dormitory to relieve the congestion in that part of the hospital. Recently, to make room for new patients, beds were put in the corridor outside the old amusement hall, from which corridor the beds were banished some years ago, and this is now used in part as a dormitory.

When the additions now under way are completed the present overcrowding will be done away with, which means that the hospital will have ample accommodations for the 2,292 patients now there.

There is now being installed in the cold storage house a chemical refrigerator to take the place of the ice refrigerator heretofore in use. The new refrigerator will enable the hospital to keep on hand larger supplies of perishables and at a lower constant temperature than was possible heretofore. With the old refrigerator the temperature was inconstant, and led to a considerable loss in the provisions stored therein.

The plumbing in wards 1, 5 and 9 in the south wing of the main group, which was formerly in very poor condition, is now being thoroughly overhauled and will soon be as good as could be wished.

A new building is to be erected to the southeast of the central group which will accommodate 440 of the chronic insane. The

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site has recently been surveyed and it is expected that work will be begun early in the spring, and that the building will be practically completed about a year hence. This building is to meet an anticipated increase in the population of the hospital.

On the 12th of December, as the result of a conference held between the State Commissioners in Lunacy and the managers of the hospital, a number of admirable recommendations were made with regard to the requirements of the hospital for the coming year. Of these the most essential are the reception hospital for acute cases, to cost \$80,000, and the nurses' home, to cost \$50,000.

The reception hospital for acute cases is in line with the most modern treatment of the insane, and is really much needed. It would enable much better work to be done and would materially improve the present recovery rate of the hospital.

There are now something like 138 nurses sleeping in the various wards of the hospital. It would not only be of great benefit to them to get some relief by a change of scene from the ward where they work to the home where they live, but the hospital would have the rooms vacated by the nurses for the use of the patients.

The other recommendations include additional laundry equipment, a library, a porch and sun room for ward 11, sun rooms for wards 3 and 7, a railroad station, day rooms for the central group, clothes rooms at the infirmary, extensions to the kitchens of wards D and E, a day room at ward E, \$5,000 for repairs to two of the cottages, fire escapes at the cottages, fences to separate the hospital lands from the public highway and walks for exercise.

The sum of \$20,000 is also asked for the purchase of the Bech farm, which has been leased for the past fifteen years by the hospital.

Some further requests are made for the engineering department, the electrical department, for fire protection and for plumbing.

All of the recommendations seem to be most practical and needed, and it is hoped that the hospital will receive all that is asked for.

LEWIS R. PARKER

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MIDDLETOWN STATE HOSPITAL

A meeting of the committee was called for Tuesday, November 14th, at the Middletown State Hospital.

There were present D. C. McMonagle, H. K. Wilcox and Mr. and Mrs. Paul Tuckerman.

The committee was organized with Paul Tuckerman as chairman, and an inspection of the hospital was made.

The census on that date showed 586 men and 701 women, making a total of 1,287 patients, a number in excess of the normal condition of the hospital. A new building, however, is being built at a cost of \$200,000, including the heating and lighting, which will accommodate 450 patients and will be used for chronic cases.

During the past year the new operating room has been completed and is now equipped and ready for use. The plan and equipment seem to be of the best character and will supply a long-felt want.

It seems very desirable that solariums should be built on annex No. 1 and annex No. 2, in order to supply a protected place where patients can sit in the sun.

A new greenhouse is also needed and the superintendent is very desirous that some farm land be purchased in order to admit of more open air work being done by patients and that a greater number of supplies be raised for the hospital.

Your committee has noticed a decided improvement during the past few years in the general character and appearance of the nurses employed in the hospital. The standard seems to have been raised and a well-merited increase of wages during the past year will tend to make them happier and to keep up the character of such employees.

The buildings seem to be everywhere in a thoroughly cleanly condition and extremely well ventilated, except, perhaps, in wards 25 and 28, which seemed to be rather close, notwithstanding that some windows were open. The general appearance, however, of the wards was distinctly bright and cheerful, and was added to by the presence of plants in many of the windows.

During the past few years the experiment has been made of leaving certain wards open and allowing patients to go in and

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out, with such satisfactory results that there are now eight such open wards. In 17 wards the doors of the patients' rooms are now left unlocked at night, allowing patients to leave their rooms when necessary without summoning the nurse on duty, and permitting much greater quiet in the wards. A reduction in the use of mechanical restraint has also been made with satisfactory results.

During the year there have been given a large number of entertainments of one kind or another in the assembly room of the hospital, which have been greatly enjoyed by the patients. Every effort seems to be made to have such patients as are able employed in some capacity in the hospital or in some work of their own, and outdoor exercise is also required of all those who are able to take it, whenever the weather permits.

The percentage of recovery on the number of admissions for the past year is 36.18 per cent; and the percentage of deaths on the whole number treated 5.19 per cent.

It seemed to the committee that the keynote which dominated the policy of the superintendent was to have the surroundings in which the patients lived as natural and free from restraint of any kind as the conditions would permit; and the general aspect of quiet and content throughout the institution seemed to prove that the policy was correct and the results satisfactory.

D. C. McMONAGLE

H. K. WILCOX

PAUL TUCKERMAN

SUSAN TUCKERMAN

BINGHAMTON STATE HOSPITAL

On November 7th, we last visited the Binghamton State Hospital for the insane, timing our call so as to arrive (without appointment or announcement) a little before 12 o'clock. Our wish was to visit the dining rooms in the various wards, and see the patients eating their regular fare. The first dining room visited was that for all the men patients of the main building. This includes the most turbulent patients among the male inmates. We were strongly impressed both by the orderliness of the men while at table, and the excellence of the fare provided,

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together with the attractive manner in which the tables were set and served. The rooms were crowded to their capacity, which would tend to create noise and confusion, but the order and decorum were as good as would be found in any average public dining-room where an equal number of people were being served. The fare consisted of an abundant supply of soup, meat, potatoes, bread and butter, pickles, tea and milk. We sampled the fare and found it wholesome and well prepared. We then visited in turn practically all the dining-rooms of the main group of buildings while the patients were eating dinner, and found the same excellent conditions in all of them.

After dinner we visited the wards of the main, south and west buildings. One feature struck us most forcibly during this part of our inspection. In the main building the most turbulent ward numbered about 65 patients, while in the detached buildings the number in each turbulent ward was about 30. The most violently inclined patients have been, as a rule, transferred to the detached buildings, and yet the quiet and order in the latter were much better than in the main building. The apparent cause of the difference was that the numbers were less. All other conditions seemed to be the same. To us this enforced the desirability of providing sufficient room so that the disturbing conditions of over-crowding may be avoided. The necessity of enough room, so that not more than 25 or 30 need be placed in one ward, seems an imperative condition of improvement or cure; and we are moved to emphasize this point as we have done in previous reports. Glass inclosed verandas are very useful in increasing the capacity of the wards, and their slight cost in proportion to the space they provide, commends them to our judgment. The small appropriations asked for to provide them would be very wisely expended.

The general health of the patients seemed remarkably good, which would appear to result from their being well and comfortably housed, clothed and fed, together with the wise plan constantly carried out, viz: to keep them out of doors in the day time as much as possible.

The superintendent's new house is a model of its kind, and is located most admirably. His old quarters in the main building are being fitted for patients. The old chapel on the upper floor

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in the center of the main building is also being converted into a ward and dormitory. These changes will provide for about one hundred patients at a very small cost, and tend to relieve the crowded condition of the hospital.

It was a pleasure to inspect the new tuberculosis pavilion that was ready for occupancy last June. It is not a very expensive building, but it provides nearly all the conditions for improvement of patients of this class that science can suggest. It was not easy to believe that the 100 inmates of Edgewood were consumptives, they looked so cheerful and well nourished. Indeed, they even appeared in better physical condition than the average of the other patients. This is partly due, no doubt, to their diet, which consists of extra nourishing food, served five times daily. This building is situated ideally, with a full southern exposure, upon high ground affording an inspiring view; and the open grove immediately in the rear provides a fine park for use in the summer months.

The new building for the chronic patients has been started, and the concrete foundation is nearly completed. This building, when finished, in about a year, will take care of 500 inmates. The site was wisely selected, affording a full southern exposure and a charming view of the valley of the Susquehanna. We believe that the influence of inspiring views upon people afflicted in their minds can hardly be overestimated.

We visited each of the farm colonies and found them in good condition. These patients appeared to be enjoying the greater home atmosphere that the farmhouses make possible as compared with the environment of the main group.

CHAS. E. LEE

FRED H. HASKINS

BUFFALO STATE HOSPITAL

When we remember that the average daily population of the Buffalo State Hospital for the last year has been 1,659, the wonder grows that no serious complaint of mismanagement or misconduct has been brought before your committee. That so many human beings with their unnumbered wants and desires could be

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housed together, and a system formulated so complete that few flaws can be discovered, even by the prying eyes of a committee, is a cause of congratulation for humanity in general, and more particularly for the helpless ones who are under the regime. The cost per capita per week is small, being but \$3.72½; but your committee has visited the dining room during the dinner hour and found the food of excellent quality, especially in the bread, milk, and butter served to the patients in general, while sick patients receive fresh eggs and other food suited to their condition.

We are glad to report that the buildings in course of construction last year are now occupied by the superintendent and his corps of assistants. The accommodations for the male nurses are ample and convenient; the staff house is pleasant, and the Superintendent's residence befitting the importance of his position. The entertainment hall was fully described last year, and is fulfilling its mission for the inmates. One need in this line yet remains unnoticed,—a building, or camp, for the victims of that dread disease, consumption. When this is furnished we feel that the Buffalo State Hospital will be fairly equipped for its work.

In general we believe that the work is faithfully done, and the will of the State which so liberally provides for the welfare of its wards, is conscientiously carried out.

FANNY H. BARTOW

C. SUMNER JONES

ESTHER K. MCWILLIAMS

GEORGE A. LEWIS

ADA M. KENYON

ST. LAWRENCE STATE HOSPITAL

In our visit to the St. Lawrence State Hospital on October 19, 1905, the first assistant physician kindly placed himself at our disposal, going with us to the different wards and departments very generally. In the general management and system which was apparent, we could not help feeling as we have on former occasions, that the institution is efficiently, and at the same time, humanely managed.

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At the date of our visit there were 1,726 patients, and one is inclined to wonder that in so large a community (over 2,000) and so many with minds diseased, there should be so little disorder and so little to call for anything but favorable comment.

During the past year the principal addition has been the new tuberculosis hospital. It has been built and is now about ready for occupancy, and we are sure that all connected with the hospital, and who have the best interests of the institution at heart cannot help being grateful that that much has been done to make less sad and terrible the lives of this unfortunate class of State dependents. We cannot pass this particular subject by without a word in commendation of the good name Inwood, which has been attached to this particular building with its surroundings, for it is prettily located in a pleasant grove, some distance from the other buildings, and it would seem to have been well designed for its purpose as well as well named.

The building for contagious cases, also completed this year, is not large, but has four rooms on each side for male and female patients, the two departments being separated by a so-called "dead" wall or partition. Each room is large enough to care for two patients, if necessary.

The matter of a separate department for the insane epileptics, of which there are about 120 in the institution, cannot help being considered, at times, by those who are in immediate charge of these unfortunate people. We are not prepared at present to urge or advise the establishment of a department for the segregation of this particular class, but it may be well from time to time to give the subject some consideration.

We were glad to note the addition to the laundry, for we felt that it was needed and makes easier of accomplishment, work which is arduous but continually necessary.

The new bridge across Tibbits creek is a convenience, making access to different parts of the large grounds easier, and we commend the addition of the fire escapes to the employees' building.

The management are very appreciative of the cordial support granted them by the Commission in Lunacy.

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In closing, we will remark that as large as the institution is, there are indications of crowding in the dormitories, and it is not plain to your committee how the number of inmates could be increased without adding to the building.

G. W. KNOWLTON

GERTUDE S. E. KNOWLTON

FRANK CHAPMAN

ROCHESTER STATE HOSPITAL

Within the past three months the capacity of the Rochester State Hospital has been more than doubled by the opening of the new buildings. The estimated capacity of the hospital is now 1,303 instead of 500, and on September 20th there were 1,224 patients. Of even greater value than the mere increase in size is the opportunity for classification and treatment which the new buildings afford. This is especially true of the reception building, which was the first of the new group to receive patients on the 10th day of July. This building is a small hospital of 100 beds, 50 for each sex, and is for the care of the acute cases. In the center are the reception rooms and physicians' office, and there is a special diet kitchen in the rear. The corridors leading to the wings are sun rooms, and adjacent to one of these are the dispensary and the operating room, with a wash room, a sterilizing room and an anæsthetizing room. In a corresponding position off the other sun room is a room for gynecological examinations and the suite for hydrotherapeutic treatment, which will consist of a dressing room, a room for appliances and a resting room. Each wing is classed as a ward for 50 patients, but is so constructed that it consists of five parts with small sitting rooms, dormitories and many single rooms. On admission a patient sees only a few of the others, and does not come in contact with the chronic cases. The delirious and maniacal patients are separated from the others in an extension at the rear of each wing. Two physicians give their entire time to the patients in this building, and it is planned to provide as many nurses for them as may be necessary.

The new buildings are connected with each other and with the central kitchen by corridors, which serve for the delivery of food

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as well as for passageways. In the infirmary building there is a ward of 100 beds on each of the three floors. On the ground floor is the infirmary ward for women, on the second floor the infirmary for men, and on the third floor a ward for demented and untidy women. There are separate stairways for the use of men and women. Each floor contains four large rooms, well lighted and ventilated, beside the dining and serving rooms, bath rooms, lavatories and closets. In the infirmary ward for women three of these rooms are used as dormitories and one as a day room, while in that for men two are furnished as day rooms and two as dormitories. A wing of this building is used for the isolation of patients with contagious or infectious diseases, and is so arranged that three rooms with a kitchen and bath room can be used, while, if more space is needed, three additional rooms and a ward with five beds can be shut off from the rest of the building. At the present time the wing is occupied by a few patients with tuberculosis.

The building for men with chronic forms of insanity accommodates 350 patients and is divided into five wards. Except for its third story, it is well planned for this class of patients, and its day rooms and dormitories have windows on three sides.

The new boiler house has been completed, and in it are the boilers to furnish heat for all the buildings, the electric light plant and an ice machine. A new store with a cold storage room has been built, a larger bakery is being constructed, and the old laundry is being enlarged. A water tower has been built on high land south of the hospital, and into it water is forced from wells on the farm, so that city water is no longer used.

All the wards in the old buildings are now occupied by women. The ward in the mansard has been converted into rooms for nurses, and there are now seven wards, accommodating 553 patients, in this department. At the present time the whole hospital has a capacity of 803 women and 500 men.

The buildings for chronic cases have been filled rapidly by the transfer of patients from other hospitals. Fifty women were transferred from Willard on August 1st, 52 on August 9th, and 76 men on August 15th. On September 7th, 52 men and 241 women were received from Central Islip. The

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patients from Willard lived in the counties now included in the Rochester district, and those from Central Islip had no relatives who had shown an interest in them for some time.

During the year members of this committee have visited the hospital 10 times. We have always been cordially received by the officers of the institution, who have freely given their time to show us about the hospital and furnish us information. The food has been of good quality and, as usual at this hospital, the dining room service has been excellent. The wards have been clean and remarkably free from the odor frequently noticed in hospitals for the insane. Up to the time of the transfer of new patients the usual large proportion has been employed, and suitable cases have parole of the grounds. The grading about the new buildings gives occupation to all the men who can be spared from other work.

The reception of 293 patients at one time necessitated a tremendous amount of work on the part of officers and employees, and it is to their credit that it was accomplished without accident. Two of the members of this committee visited the hospital 11 days after the arrival of these patients and were pleasantly surprised at the smoothness with which the new wards were conducted when there were so many strange patients as well as new nurses and attendants. The transfer and reception of these patients were certainly carefully planned and successfully accomplished. Some of the new nurses are graduates of training schools of other hospitals, and others have had some experience with the insane, and many will take the course in the training school here.

The farm house at the lake has been of great benefit again during the past summer, and is very popular with the patients. About 20 patients at a time have stayed at the farm, while on each pleasant weekday a party has been there for the day.

We are glad to report that a board of managers has been appointed for the Rochester State Hospital.

This hospital is now much better equipped to care for the insane than ever before, and this is especially true of the acute cases, upon whom medical skill and hospital care of a high order is now bestowed. The enlargement of the plant is not yet com-

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pleted in all respects. As money has already been allowed for a superintendent's residence, the most obvious needs for the near future are a larger amusement hall and the painting of the interior walls of the new buildings. It is planned to convert the old boiler house into a kitchen for the women's department, and there are some other changes which will be required because of the increased capacity of the hospital.

ROBERT G. COOK

LILLIE BOLLER WERNER

LILLA MUNSON MORGAN

S. A. LATTIMORE

LONG ISLAND STATE HOSPITAL

Your committee would respectfully report that the work of the hospital compares favorably with former years, that the number of recoveries shows good care and attention on the part of the medical department and the attendants. We commend the work of those in charge, believing it to have been faithfully done.

From the reports it would seem that the buildings are overcrowded, but removals to other places have somewhat reduced the number and in the future will probably do so more.

Heretofore we have not advocated extensive repairs to the buildings, but the time has now arrived when we most heartily advocate and recommend that decided improvements shall be made. In the buildings themselves new plumbing and heating are needed in accordance with modern ideas; also rooms where the patients may spend their time on the sunny side of the house; in fact, a few sun parlors would be desirable. No patients need good food, light and pure air more than this unfortunate class.

The present buildings were erected about 50 years ago, still the walls are good and the timbers apparently sound, but some new floors are needed and a general overhauling required. Outside some new buildings are necessary and others need repairing.

We still believe that the interests of the unfortunates for whom we are working will be best secured by keeping this institution within the city or county or within reasonable reach of the friends of the patients whose interest and co-operation are most

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desirable. We understand an effort is being made to remove all the county buildings from their present location, but being grouped as they are, they might better remain.

ALBRO J. NEWTON

GRACE NEWTON DANA

CHARLES M. FIELD

KING'S PARK STATE HOSPITAL

It has been my privilege and pleasure to visit King's Park several times during the past year and several past years and notice the growth of this magnificent and beneficial plant.

The park consists of 900 acres, 200 under cultivation, the remainder crowded with buildings or wooded land. Its value is \$4,000,000. There are 2,540 patients, 100 over the capacity of the buildings, and 498 employees. The recoveries have been 34 6-10 per cent.

A fine home for nurses is almost completed, which, when occupied, will relieve all congestion in the wards. The nurses' home has room for 300, including 25 married couples. It cost, including equipment, \$90,000, a modest sum considering its dimensions. Two new verandas each have been added to the tubercular building and the male wards, affording abundant sunshine during the otherwise dreary winter. Toilet accommodations have been extended throughout the wards for the greater convenience of nurses and patients. The superintendent's house has been enlarged, remodeled and greatly improved.

The hospital needs two new buildings, one for industries, which are now carried on in the various other buildings and situated in some cases in the basements, which are not always well lighted or ventilated; another for chapel and recreation hall. The greatest need is a disposal plant for sewage.

The State hospital at King's Park empties all its sewage into Smithtown harbor. The State has no right to depreciate the property of its citizens, endanger their health and maintain a nuisance, and create a feeling against itself.

The people of Smithtown protest against thousands of gallons of sewage being poured daily into its harbor, destroying its shell fish, and threatening their lives with typhoid fever and diphtheria.

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During the fall there were nineteen cases of typhoid in the State Hospital, and where did it originate if not in this pestiferous stream?

The Commissioners in Lunacy ought to act on this matter. They have been appealed to and so has the Governor of the State. I hope that the nuisance will be abolished by the installation of a filtration sewage plant or some kind of disposal works.

JOHN C. YORK

MANHATTAN STATE HOSPITAL

The consolidation of the Manhattan State Hospitals, East and West, provided for by the Legislature of 1905, has been effected during the summer, and, while presenting many difficulties, is being accomplished with benefit to the whole institution. The economy in space devoted to administration purposes will result in very important additions to the capacity for patients. The large central portion of the main building on the east side, which has formerly been devoted to offices and officers' quarters, with an assembly hall on the top floor, is to be converted into a great congregate dining-room section. The partitions are being torn out to secure additional space and light. As the new kitchen is located immediately adjacent to this section the convenience in the service resulting from this change will be very great. The food will be transferred by an underground passage to the basement and will be sent up to the different dining-rooms by elevators. This will do away with the necessity of sending food to ward dining-rooms, and such rooms can now be converted into dormitories. Patients on each floor will come from both sides of the hospital to the central dining-room on that floor, and the outdoor workers will be accommodated on the ground floor. The most attractive of these dining-rooms will be that on the top floor, occupying the space formerly used as an assembly hall. This large room with its stained glass windows and arched ceiling will make an unusually attractive dining-hall. There will be accommodations for about 250 additional patients when the ward dining-rooms and their accessories can be turned into bedrooms. The total cost of this improvement is estimated at about \$6,000.

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A great amount of fresh paint has been put on the more gloomy wards on the men's side. Many partitions have been taken down, and in many wards the baseboards have been removed, as they were found to harbor vermin. New plumbing has been allowed for the wards where plumbing was unsatisfactory. Some attractive furniture has been provided, especially curtains, pillows, table covers, etc., made by the women patients, and an abundance of plants; the whole appearance of the hospital is wonderfully improved.

Certain very dark wards have had their windows enlarged and are turned from the most gloomy to the most cheerful of the wards. The enlarging of windows, the tearing down of partitions, and the fresh paint and general cleaning up have made the wards bright and airy and cheerful to a remarkable degree.

Many excellent changes in administration have been made. For instance, the two-story hospital section has been turned into a reception service with two women nurses in charge on each floor. These wards have been made very bright and cheerful with attractive furniture and flowering plants. Round tables have been introduced in the ward dining-rooms connected with them, and facilities for hydrotherapeutic treatment have been introduced. The daily staff meetings are held every other day in this building, and the cases of men patients under discussion brought before the staff. Men patients are admitted immediately in this cheerful building, and it is hoped that many may be discharged without entering the main hospital. Another excellent change is the providing of what is called a psychopathic ward in the main building adjacent to the reception service building. To this ward are brought all disturbed cases from other parts of the hospital, and here some of the best nurses and a large supply of them, will be stationed, with women nurses in charge. The methods of restraint are for the most part hydrotherapeutic. When this ward was visited there was no noise or disturbance apparent, and the patients in restraint were all in hot or cold packs, as the protection sheet is not used at all.

At the East building, where 500 women were formerly accommodated, the first floor has been given up to men, and the number of women has been reduced to 300. The hospital would like to get rid of all these women and use this entire building

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for men. Here a hospital ward has been established, as this building was some years ago provided with a well equipped operating room larger and more convenient than the one on the women's side. This hospital ward is a very pleasant ward with a bright and airy corner dayroom. Another section of this first floor is taken up with infirmary cases. The wards for women above were very bright and cheerful, and had been improved in various ways by new floors, fresh paint and more comfortable furniture.

The new wood and glass pavilion erected recently for the accommodation of men patients suffering from tuberculosis seems to be the best thing of the sort which has yet been devised. It is well placed in a protected part of the grounds, enclosed by a high hedge allowing privacy to the patients and protecting them from the wind. The pavilion accommodates 50 men, and was built at a very low per capita cost by employees of the hospital. It is remarkably well ventilated, sanitary and comfortable. The results from this treatment have been extremely favorable, resulting in a number of cures, and in a very large proportion of marked improvement in the physical condition of cases treated.

The wards on the women's side are as attractive as ever, and the conditions of life for the patients seem to be extremely favorable. During the spring, summer and autumn months several tents have been operated in addition to the two frame and glass pavilions which are used all the year around; these pavilions serve as additions to the acute service and are filled with supposedly recoverable cases who are evidently very much benefited by the open air life and the freedom from restraint. The color of these patients is excellent, and they are wonderfully quiet and apparently appreciative of their pleasant surroundings. The scientific work in connection with the reception wards is maintained at a very high level. One ward is entirely given up to surgical cases, and operations are constantly being performed for the benefit of the physical condition of women suffering from disorders requiring operative treatment. The operating room is very inadequate in size and should be enlarged. The up-to-date facilities of the operating room are especially noticeable. Surgical dressings are kept in sealed cans, after being sterilized. The number of operations is very large and the nurses of this hospital

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are furnished excellent facilities for training in surgical work. This training school has been accepted and registered under the new law. The various methods of hydrotherapeutic treatment are followed with marked success. The perpetual bath, which has been increasingly used for acute cases among the women has proved so successful that the hospital plans to enlarge its facilities for such treatment, by giving up one small ward dormitory for the installation of tubs where a number of patients can be under the supervision of a single nurse.

During the past year the capacity of the hospital has been slightly increased by the completion of the solarium on one of the branch buildings, and by the addition to the staff house which removes some of the doctors from buildings occupied by patients. The staff house, though a comparatively small building, now accommodates 28 physicians.

A new frame assembly hall has been built and occupied during the year, and while a very inexpensive and unimposing building is very convenient and well suited to the purpose for which it is needed; as it contains several entrances only a few steps from the ground patients can very easily enter and leave the building, and in case of fire it would probably not be difficult to get the patients all out safely.

The overcrowding of this hospital is very great and very serious. Its certified capacity is 3,244, and on October 1st it was caring for 4,393. In many parts of the building, even in the wards for acute and recoverable cases the patients' beds stand so close together that every other one must be drawn out at night.

A pleasant feature of this hospital is the great attention that is paid to the celebration of holidays and the various festivals that occur during the year. The sports devised for the hospital field day, which occurs on Labor day, afford the patients very great delight. Entertainments are arranged for Hallowe'en, Thanksgiving, Christmas, May day, Fourth of July and on every other occasion which offers an excuse for festivity, and are such as to give the patients something to anticipate and enjoy to the utmost. The very large extent to which the patients participate in these festivities indicates what great pains are taken by those in charge to do as much as possible for their enjoyment. The

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hospital staff is certainly to be commended for uniting so much that is humane and social with the advanced scientific work that is being done on the island.

LOUISA PIERPONT SATTERLEE

FLORENCE M. RHETT

MARY VIDA CLARK

CENTRAL ISLIP STATE HOSPITAL

BUILDINGS

The administration building has been completed and occupied. By the completion of this building there has been a centralization of the administrative department. It is situated midway between the north and south colonies. The superintendent is in immediate communication with every ward and department of the hospital.

The amusement hall was completed and occupied February 22d.

A dining-room and employees' building is now in process of construction at the south colony. This building will be connected by corridors with the male and female acute services; the first floor to be used as dining-rooms, the second and third floors for sleeping quarters for attendants and employees.

An outside lighting system will be established during the coming year.

ACREAGE

The hospital property consists of 1,000 acres, 305 of which are under cultivation.

CROPS

Crops were raised during the past year to the value of \$14,000.88. This includes all farm products, dairy products, etc.

RELIGIOUS WORSHIP

Religious services, Protestant and Catholic, are held every Sunday—the former in the afternoon and the latter in the morning. Hebrew services have been held every Saturday morning since July 1, 1905.

CENSUS

Census of the hospital on November 2, 1905; male, 2,115; female, 1,500; total, 3,615.

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OCCUPATION OF PATIENTS

Patients are employed on the farm, gardens, in shoe shop, tin, mat, broom, carpenter, tailor, blacksmith and paint shops, bakery, kitchens, dining-room and power-houses. About 75 per cent are employed.

DEATHS

During the past year (ending September 30, 1905): male, 144; female, 104; total, 248.

PULMONARY TUBERCULOSIS

We have 104 cases of tuberculosis in the hospital—50 men and 54 women. These are quarantined in separate buildings.

MANAGEMENT.

Besides the superintendent there are 15 physicians, 16 supervisors (9 male and 7 female), and 500 employees (321 men and 179 women).

GENERAL REMARKS

At the present time the hospital is receiving all the male acute cases from New York and Brooklyn.

Patients are well supplied with food and clothing.

The new colony buildings completed last year have narrow porches but a few feet wide; these are always overcrowded in good weather, and should be from 10 to 15 feet wider and inclosed in glass for the winter months, which would give the inmates an opportunity to get fresh air, even in stormy weather. This should have immediate attention.

A few cement walks have been made, the inmates doing the labor. These walks should be around all the buildings; it keeps them much cleaner and gives a good dry walk for the winter months. Only the cost of the cement is required.

Wherever you may go through the buildings, or the well-kept grounds and farm, it is apparent that the affairs are so conducted by those having care of them as to merit the approval of the public.

JOHN H. VAIL

JOHN H. PRESCOTT

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GOWANDA STATE HOSPITAL

During the past year there have been completed upon the grounds of this institution the following new buildings: a superintendent's cottage, a building for the medical staff, a nurses' home and an amusement hall, all substantial brick buildings, except the amusement hall, which is of wood construction. These buildings all seem well adapted for the purposes for which they were built. Other improvements are a new mosaic floor in the kitchen, a new bake oven, and in course of construction at the present time, a cement conduit six feet in diameter running from the power-house to what is known as the annex to carry the steam-heating pipes, formerly buried in the ground. This will safeguard the heating of the buildings. There has also been appropriated money for changing and adapting the quarters in the administration building, formerly occupied by the superintendent and members of the staff, to the uses of patients, which will provide increased accommodations. There is also to be built an addition to the dining-room. Money has also been provided for finishing the third floor of the nurses' building and the erection of a new stable and industrial shops, the plans for which are now in the State architect's office for approval.

The present census of the institution is 798. There has been no crowding the past year. The fitting up of the rooms in the administration building will provide quarters for about one hundred more patients. Dr. Arthur, the superintendent, states that the only thing in the building line that he now needs is a detached structure for acute cases with a capacity of 60 patients. A very desirable acquisition for the institution would be 80 acres of land to the north and adjoining the present grounds. The land is wooded and would provide a park for patients and sites for buildings, which will be needed for the future expansion of the institution.

The buildings are kept in good repair and the superior administrative ability of the superintendent is evident in all departments.

FREDERICK P. HALL

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APPENDIX A

RECEPTION HOSPITAL LAW

Chapter 760, Laws of 1904

AN Act authorizing the city of New York to acquire a site and to lease the same to the state for the establishment thereon of a reception hospital for the insane, and authorizing the commission in lunacy to erect such hospital.

Accepted by the city.

Became a law May 14, 1904, with the approval of the governor.

Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The city of New York is hereby authorized to acquire by purchase or otherwise, sufficient and suitable lands, conveniently located within the borough of Manhattan in such city, for the use and purposes of a reception hospital for the insane to be erected thereon by the state as hereinafter provided. When such lands shall have been so acquired by the city, and they shall have been approved as to their location, sufficiency and adaptability by the state commission in lunacy, the proper officers of such city shall lease the same at a nominal consideration, to the state commission in lunacy in the name and for the use and benefit of the state, for a term of not less than fifty years, with a privilege to the state of extending such lease for a like term of years. The attorney-general shall examine the city's title to such lands and if satisfied with the validity and sufficiency thereof shall certify the fact to the state commission in lunacy; he shall also approve the form, contents and sufficiency of the lease of such lands, before the same is accepted by the commission. Such lands shall be used by the state for the sole purpose of establishing and maintaining thereon a reception hospital for the insane, in which shall be received not less than two hundred alleged insane and insane persons, for the purpose of affording them such speedy and skilled treatment as may be conducive to their more prompt recovery.

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§ 2. When such lands have been acquired and leased to the state as above provided, the state architect shall prepare necessary plans and specifications for the erection, alteration or construction of suitable buildings for the use and purposes of such reception hospital for the insane, to be approved by the governor and the state commission in lunacy, and to be subject in all respects to the provisions of the insanity law relating to the preparation of plans and specifications for the erection and repairs of buildings for the use of other state hospitals for the insane except as to the per capita cost. The state commission in lunacy shall cause such buildings to be erected, altered or constructed in accordance with such plans and specifications under contracts duly let therefor in the manner and under the terms and restrictions prescribed by the insanity law for the erection, repairs and improvement of state hospital buildings.

§ 3. The sum of three hundred thousand dollars, or so much thereof as may be necessary, out of any money in the treasury appropriated for buildings, for repairs and improvements at the state hospitals for the insane may be expended by the commission in lunacy, for the erection, alteration and construction of such buildings, to be expended upon the drafts of the state commission in lunacy and the audit and warrants of the comptroller, pursuant to contracts duly let therefor as herein provided.

§ 4. This act shall take effect immediately.

STATE OF NEW YORK, }
Office of the Secretary of State. } ss.:

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

JOHN F. O'BRIEN

Secretary of State

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